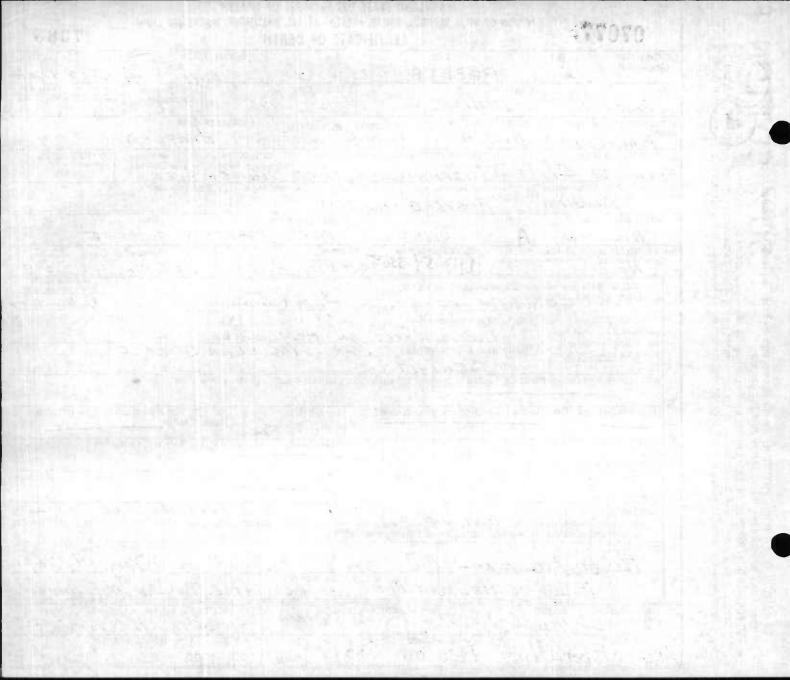
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

,			
CERT	IFICATE	OF I	DEATH

07083

				mit i i i de	TE OF DEATH						
	ECEASED-NAME	First	Middle		Lost	2a. DAT	E OF DEATH Mont	. D		/	2b. HOUR
(	Type or print)	ida i	PEBECCA	17	NIOSS		MAY	24	16	eor	12:10A
. SI		4. RACE			DATE OF BIRTH		6. AGE (I	n yeors	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS.
9	Female	W	HITE		01-28-8:	2		YRS.	MONTHS	DATA	HOOK3 MIN
a.	BIRTHPLACE (State ar fareign			8. MARRIED	NEVER MARRIED	9. COUNTY	OF DEATH				
	MARYLAN			WIDOWED 🔀			HARF				M
0. (	CITY OR TOWN OF DEATH		NAME OF HOSPITAL OR INST e street address)	TITUTION (If not			TION (Kind af king life, even		12b. N		BUSINESS OR
	AVRE DE (	GRACE C	ITIZENS /		HOME	HOME	MAKE	R			
30. dm	USUAL RESIDENCE (Where of ission) STATEMARY	deceosed lived, if instit	11	13c. CITY OR TO	/ 455	NO 13	e. STREET AND	NUMBER			
			THRTORB	FALLS	101						
4.	FATHER'S NAME First	Middle	DIVER		MARY	MART	-40	Middle	-	goot	Last
14-	WILLIAM. WAS DECEASED EVER IN U.		16b. SOCIAL SECURLY N		ORMANT	MAKI	TIM	SCA. Address P.			7 m 2mm
		as give war or dates of service)		2 2 - 2	- 11	-=0	0-	L AIR			125
			1		SELIE. MI	SER	5E	L HIR		APPROXIM	IATE INTERVAL
	1B. CAUSE OF DEATH (En PART I. DEATH WAS (	CAUSED BY:	1		11	7-			В	ETWEEN ON	ISET AND DEATH
	1/2/	MEDIATE CAUSE (a)	4	rive	HEART :	TAILL	RE			o H	OUKS
	Conditions, if any, which		R AS A CONSEQUENCE OF		A	5.1	F 1 . T				
	rise to immediate couse	(0),	NEUMON I	TIS A	ARDIO VASI	10 OCK	EROIT				
	stating the underlying collast.	0026			TROID PIES	CUCH	R UIS	Ensi			
	PART 2. OTHER SIGNIFICAN	(c) VT CONDITIONS CONTRIE			THE TERMINAL DISEASE O	OR CONDITION	GIVEN IN PART	1(a) 🖘			
	400							-(-/			
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION WAS PER	FORMED	20a. AUTOPSY?	20	b. IF YES, WER	E FINDINGS (	ONSIDERE	D IN CE	RTIFYING
IFIC					YES NO	CA	AUSES OF DEATH	1?			/
CER	210. ACCIDENT WAS UNDI		OF INJURY	21c. HOW	/ INJURY OCCURRED (Er	nter noture of	injury in Port	1 or Part 2,	Item IB.)		
MEDICAL	OR CONTRIBUTING CAUSE										
ME	21d. INJURY OCCURRED		Y ( AT HOME, FARM, STREET, FACT	ORY.) 21f. LOCA	ATION Street or R.F.D.	No.	City or Town		Count	У	State
	While Not while at work	-	OFFICE BUILDING, ETC.								-
	22a. I certify that (	l) (this haspital) q	ttended the decease	d fram_M	AY, 19	54, ta	MAY.	28,19	68	, that	(I) ( <del>we)</del> la
	saw the deceas	ed alive an	1AY 24-	968, and	that in (my) (aur) a	apinian dec	ath accurred	an the do	ate and	haur	and fram th
	22b. SIGNATURE	ibave, (i) ( <del>we)</del> (aid	d) (did not) view the b	ady affer de	um.			220	DATE SIG	NED	
	A. O. hea	Tolours	us MD	. DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		446		1968
	22d. PHYSICIAN 8	Herris			22e. ADDRESS	DIRECTOR		_ //-	1	,	
	NAME (Type) PH	ILIP W. F	HEUMAN .	M.D.	307 HICKE	DRY AU	E., BEC	-AIR,	Md	2	1014
230	BURIAL, CREMATION,	23b. DATE	23c NAME OF		REMATORY	23d. LO	CATION (City or	Town)	(Caun	ty)	(State)
1	REMOVAL (Specify)	neary Wind	eng tayes	en Mi	umone.	Fa	Reston	18-	dex-	esel	ml
24.	FUNERAL DIRECTOR	11 /pl	LLC ADDRESS	rcker	25a. REC'I	D BY REGISTRA	AR 2Sb.	REGISTRAR'S	SIGNATU	IRE	
A	RCHER TUNE	RALYDINE	DENJON	V	DATEMA	Y 28	1968	gelia	reles	Oscar	Lake

get 1 and 2 after death. Uneral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by il director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. The Shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 7 baurs. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital or attending physician. VR A15 (17) 30M REV. 1 68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07084

DEFERDANME   First   Modele   Lost   2a. DATE OF DEATH   Month   Doy   Teer   This DOWN   STATE   DOWN   STATE   DOWN   STATE   DOWN   STATE   DOWN   STATE   DOWN   STATE   DOWN   DO	1				CERTIFICA	IE OL DENI	П					
Second control   Seco			First	Middle		Lost	2o. DATE OF		4.7			2b. HOUR
S. DATE OF BIRTH		(Type or print)	lizabeth	S.	And	ergon	5/16		υογ	11	eor	11:3
Female   Street   Stock or   Foreign   75. CITIZEN OF WHAT COUNTRY   8   MARRIED   NEVER MARRIED   NOVER MAR	3.							6. AGE (In ye	ors			
75. BIREPHARE (Stote or foreign country)  Md.  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR NISTITUTION (IT not in hospital)  120. USUAL DCCUPATION ((Rid of work done during most of dwicking life, even if retired.)  130. USUAR RESIDENCE (Where deceased lived, institution: Residence before)  130. USUAR RESIDENCE (Where deceased lived, institution: Residence before)  130. USUAR RESIDENCE (Where deceased lived, institution: Residence before)  130. USUAR RESIDENCE (Where deceased lived, institution: Residence before)  130. USUAR RESIDENCE (Where deceased lived, institution: Residence before)  130. USUAR STREET AND NUMBER  130. CUBAT No.  14. FATHER'S NAME  15. MOHER'S NAME first  16. MOHER'S NAME first  16. MOHER'S NAME first  17. INFORMANT  18. CAUSE OF DEATH (Eiter only one course per live for list) (5), and (4).  18. CAUSE OF DEATH (Eiter only one course per live for list) (5), and (4).  18. CAUSE OF DEATH (Eiter only one course per live for list) (5), and (4).  19. DARE OF DEATH (Eiter only one course per live for list) (5), and (4).  19. DARE OF OFERATION 190. OR AS A CONSEQUENCE OF conditions, if only which gaves rise to immediate course (a).  19. DARE OF OFERATION 190. OR AS A CONSEQUENCE OF conditions, if only which gaves rise to immediate course (a).  19. DARE OF OFERATION 190. OR AS A CONSEQUENCE OF conditions, if only which gaves rise to immediate course (a).  19. DARE OF OFERATION 190. CONSTITUTIONS CONSTITUTIONS CONSTITUTIONS CONSTITUTIONS CONSTITUTION WAS PERFORMED 200. AUTOPSY?  21. ACCIDENT WAS UNDERLYING  22. LOCATION (10) (his hospital) of leads to deceased from the course state of the dote only one course of minutes of minu		Female	w	hite		5/23/83	3			MONTHS	OAYS	HDURS MIN
Mode   U.S.A.   WIDDWED   DIVORED   Harford   Mode   U.S.A.   WIDDWED   DIVORED   Harford   Winds of work done with the proposal offers)   In NAME OF HOLDFILL OR INSTITUTION ((in oil motophol) working life, even if retired)   MODERY   Mode   Winds offers)   Mode   M		BIRTHPLACE (Stote or foreign			8. MARRIED							
11 NAME OF HOSPITALOR INSTITUTION (If not in hospital part part part part part part part part	(0	untry) Md	II.S.	A.			Har	ford				٨
Have de Grace   Citizens Nursing Home   House wife   Ho	10.		11.	NAME OF HOSPITAL OR I	NSTITUTION (If not i		USUAL OCCUPATION	(Kind of work		12b. K	IND OF B	USINESS OR
33. USUAL RESIDENCE (Where deceased lived, if institutions: Residence before lab. COLUMN: ISL. COLUMN: White Hall St. COLUMN: STREET AND NUMBER R. D. #1 Box 215    14. FATHER'S NAME FIRST Middle Lost	1	Havre de Grace	giv	e street oddress)	raing He	durin			tired.)			2
FATHER'S NAME   First   Middle   Lost   S. MOTHER'S MAIDEN NAME   First   Middle   Lost	130	D. USUAL RESIDENCE (Where de	eceosed lived, if instit	ution: Residence before					BER		TOM	-
14 FATHER'S NAME   First   Middle   Lost   S. MOTHER'S MAIDEN NAME First   Middle   Lost	od		13b. COUNTY	ford	White	Hell YES	NO 🗌	R. D. #4	Ro	r 21	5	
186, SOCIAL SECURITY OF Yes, no, or unknown)   186, SOCIAL SECURITY OF Yes, no, or unknown)   187, INFORMANT   Addright   180 x 215   21342-3380   Garnet I., Anderson   White Hall, Md.	14											Lost
Too. WAS DECASED EVER IN U.S. ARMED PORCESS   Yes, no, or unknown    19		Christophe	er Colum	bus Slad	e	Anni	e Hunt	er				
18. CAUSE OF DEATH (Enter only one couse per life for (b) (b), and (c).  18. CAUSE OF DEATH (Enter only one couse per life for (b) (b), and (c).  PART I. DEATH WAS CAUSED BY:  IS CONTROLLED AND INVESTMENT CONTROLLED CONT	16	o. WAS DECEASED EVER IN U.S.	APMED EODICES?	JAH SOCIAL SECURIT				Ade	dr PD	#1	Box	x 215
18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).  PART I. DEATH WAS CAUSED BY.  OCCORDITIONS, If ONLY, Which gove rise to immediate couse (c).  Stoting the underlying couse lost.  PART 2 TOTINE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELASED TO/THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)  PART 2 TOTINE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELASED TO/THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)  PART 2 TOTINE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  DECONDRIBUTING CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTING CONTRI	L	Yes, no or unknown) (If yes	give wor or dates of service)			net L.	Anderso	n Wh	ite	Ha	11.	Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSPOUENCE OF Conditions, if ony, which gove rise to immediote couse (o). Stoting the underlying couse DST.  PART 2 TOTHER SIGNIFICANT CONDITIONS.CONTRIBUTING TO DEATH BUT NOT RELAKED TOTHE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT CONDITIONS.CONTRIBUTING TO DEATH BUT NOT RELAKED TOTHE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT CONDITIONS.CONTRIBUTING TO DEATH BUT NOT RELAKED TOTHER TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT CONDITIONS.CONTRIBUTING TO DEATH BUT NOT RELAKED TOTHER TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT CONDITIONS.CONTRIBUTING TO DEATH BUT NOT RELAKED TOTHER TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT CONDITIONS.CONTRIBUTING TO DEATH BUT NOT RELAKED TOTHER TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT CONDITIONS.CONTRIBUTING TO DEATH BUT NOT RELAKED TOTHER TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT CONDITIONS.CONTRIBUTING TO DEATH BUT NOT RELAKED TOTHER TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT OR TOTHER SIGNIFICANT OR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT OR THE SIGNIFICANT OR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT OR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT OR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT OR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT OR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT OR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT OR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHER SIGNIFICANT OR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2 TOTHE		18. CAUSE OF DEATH (Ente	er only one couse per			DO O'	1		1/16			
Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO/THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO/THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  211. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY HOUR AM. Month Day Tear 10b contributing the autopart of the contributing of the contribution of the cont		PART I. DEATH WAS CA	AUSED BY:	Kiron	ic &	andel	re D	Cong	bens		4.	-5/40
Conditions, if ony, which gove the to immediate couse (o). Storing the underlying couse (ost. 4)  PART 2/ DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DANE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)  190. CONTRIBUTING PORTON FOR BAIL HOUR A.M. Month Day YEST NO CAUSES OF DEATH?  21c. HOW INJURY OCCURRED 21e. PLACE OF INJURY AT HOME FARM, STREET, FACTORY: 19 P.M. 19 P.M. 10 P.M. 10 P.M. 19 P.M. 10 P	IMMEDIATE CAUSE (0)											
Stoting the underlying couse lost.     Dust 10, or as a consequence of coust.	Conditions, if ony, which gove)  A S ( )											
Dest.   Dest				AS A CONSEQUENCE C	)F				13.1			
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH?  2110. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  2111. INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  2121. INJURY OCCURRED (Injury in Port 1 or Port 2, Item 18.)  2121. INJURY OCCURRED (Injury in Port 1 or Port 2, Item 18.)  220. I certify that (I) (this hospital) ottended the deceased from the object of the dotton of injury in Port 1 or Port 2, Item 18.)  220. I certify that (I) (this hospital) ottended the deceased from the object of		, , ,	(c)_									
DEGREE   PHYSICIAN'S   NAME (Type)   DEGREE		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TOT	HE TERMINAL DISEASE	OR CONDITION GIVE	N IN PART 1(o)			3	
DR CONTRIBUTING   CAUSE DE DEATH   HOUR A.M.   Month Day Year   P.M.   19	2	Passw	e Con	Istion	81 lui	en.						
DR CONTRIBUTING   CAUSE DE DEATH   HOUR A.M.   Month Day Year   P.M.   19	OLTA.	190. DATE OF OPERATION	19b. CONDITION FOR V	HICH OPERATION WAS	PERFORMED	20o. AUTOPSY?			DINGS C	ONSIDERE	D IN CER	RTIFYING
County   C	TIEL					YES NO	CAUSES	OF DEATH?				
19   21d. INJURY OCCURRED   21e. PLACE OF INJURY   AT HOME, FARM, STREET, FACTORY.   21f. LOCATION   21f. LOCATION   22o. I certify that (I) (this hospital) attended the deceased from   10   22o. I certify that (I) (this hospital) attended the deceased from   10   22o. I certify that (I) (this hospital) attended the deceased from   10   22o. I certify that (I) (this hospital) attended to course stated above. (I) (we) (did) (did not) view the body ofter death.    22b. SIGNATURE   22c. DATE SIGNED   22						INJURY OCCURRED	(Enter noture of inju	ry in Port 1 or	Port 2,	Item 18.)		
220. I certify that (I) (this haspital) ottended the deceased from any ond that in (my) (our) opinion death occurred on the date and hour and from the courses stated above. (I) (we) (did) (did not) view the body ofter death.  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED  22d. PHYSICIAN'S NAME (Type)  22d. PHYSICIAN'S NAME (Type)  22d. DEGREE  22d. PHYSICIAN'S NAME (Type)  22d. DEGREE  22d. DATE SIGNED  22d. DEGREE  22d.	DICA	If either, notify medical ex				-						
220. I certify that (I) (this hospital) attended the deceased from any one of the deceased olive on the deceas	ME	- 1 ZIG. INJUKI UCCUKKEU I		AT HOME, FARM, STREET,	FACTORY, 21f. LOCA	TION Street or R.F.D	). No. City	or Town		County	/	Stote
220. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on the dote and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (I) (we) (did) (did not) view the body after death.  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED  22d. PHYSICIAN'S NAME (Type)  22d. PHYSICIAN'S NAME (Type)  22d. DEGREE  22d. PHYSICIAN'S NAME (Type)  22e. ADDRESS  22e. ADDRESS  ACUTE  23d. LOCATION (City or Town)  23d. BURIAL (REMATION, 23b. DATE  23d. BURIAL (REMATION, 23b. DATE  23d. BURIAL (REMATION, 23b. DATE  23d. LOCATION (City or Town)  24d. ELINEPAL DIRECTOR (County)  24d. ELINEPAL DIRECTOR (County)  24d. ELINEPAL DIRECTOR (County)  25d. REGISTRAM'S SIGNATURE		of work of work		-			60	1		-		
couses stoted obove, (1) (we) (did) (d/d not) viewthe body offer deoth.  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  22d. PHYSICIAN'S NAME (Type)  22d. PHYSICIAN'S NAME (Type)  22d. ADDRESS  22e. ADDRESS  22e. ADDRESS  22e. ADDRESS  22d. LOCATION (City or Town) (County) (State)  23d. BURIAL, CREMATION,  23d. LOCATION (City or Town) (County) (State)  24d. EMBERGAL DIRECTOR (County)  25d. BEGISTRAM SIGNATURE		22o. I certify that (I)	(this hospitol) o	ttended the deced	sed from	mer,						
22d. PHYSICIAN'S NAME (Type) # Cludade Loo, M. D. 22e. ADDRESS   AUTENDING PHYS. DIRECTOR PHYS.		saw the decease	d olive on	1) (did not) vioyeth	ond t	hot in (my) (our)	opinion deoth	occiptred on	the do	te ond	hour o	nd from th
22d. PHYSICIAN'S NAME (Type) # Cluded Loo, M.D. 22e. ADDRESS   Qure de Grace, Ind.  23a. BURIAL, CREMATION, 23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City or Town) (County) (State)  BEMOVAL (Specify)   5/18/1968   Bethel   Madonna, Harford, Md.		-	Jove, (I) (we) (dit	a) (did not) viewin	e body offer de	JIII.			220	DATE SIGN	NED /	-
22d. PHYSICIAN'S NAME (Type) Followed Loo, M. 22e. ADDRESS Aver de Grace, Ind.  23d. BURIAL, CREMATION, PREMOVAL (Specify) 5/18/1968 Bethel Madonna, Harford, Md.  24d. FUNDERAL DIRECTOR (Name of County) (State) Madonna, Harford, Md.		220. SIONATORE	Dendord	1/1/10	DEGREE				1	(-	111	168
23d. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL (Specify) 5/18/1968 Bethel Madonna, Harford, Md.	=	22d. PHYSICIAN'S	- 1		Terri		10	. 0	1	-	1	100
BREMOVAL (Specify) 5/18/1968 Bethel Madonna, Harford, Md.		NAME (Type)	award	C. L.	20, Mil	N X	Klore	de t	me	RCC		lud
24 FUNERAL DIRECTOR War To BE TO THE ADDRESS AND THE ADDRESS A	23	a. BURIAL, CREMATION,	23b. DATE	23c. NAME O	F CEMETERY OR CR	EMATORY	23d. LOCATIO	ON (City or Tow	gh)	(Count	y)	(State)
24 FUNERAL DIRECTOR Warning & Virginia ADDRESS and the control RY REGISTRAR 256 REGISTRAR 256 REGISTRAR 2 CONTROL REGISTRAR 2		Burial (Specify)	5/18/19	68 Bet	hel		Mador	na, H	lari	ford	1. 1	Id.
	24	FUNERAL DIRECTOR DATE			Parrett	sville RE	C'D BY REGISTRAR	25h. REG	ISTRAN'S	SIGNATION	RE O	udal

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

Cana a la contra de la companya de la contra del la contra d The state of the second aryso do como a Citalgene North Roses of owner the Control of the co we have been any the standard of the standard H. Almi et la line in the late of the common of the late of COMPONENT PROPERTY , hard zenes

DIVISION OF VITAL RECORDS, 301

W. I KESTON ST	REET, DALITHORE, MARIEMED 21201	
IFICATE OF	DEATH	37

085

11000				CERTIF	CATE OF	DEATH			37	085	
1. DECEASED-NAME	First		Middle		Last	2	o. DATE OF DEA			2b. H	HOUR
(Type or print)	Bessie		M.		Baity			Manth Do	Yeor		30 <sup>M</sup>
3. SEX		4. RACE			5. DATE OF E	BIRTH		AGE (In years	IF UNDER 1 YEAR	IF UNDER	24 HRS.
Female		White			April	10. 188		st birthdoy) 81 YR5.	MONTHS DAYS	HOURS	MIN.
7a. BIRTHPLACE (State	ar fareign	7b. CITIZEN OF WE	IAT COUNTRY?	8. MARRIE	D NEVER MA		COUNTY OF DEA				
country) Rocks	. Md.	U.S.A		WIDOWE	_	ADCED I	arford				Md.
10. CITY OR TOWN OF		11. N/	AME OF HOSPITAL OR IN	NSTITUTION (I	f nat in haspital	12a. USUAL O	CCUPATION (Kir	d of wark dane	12b. KIND OF	BUSINESS	4.61
Havre de	Grace. N	id give :	itreet address) Itizens Nu	ursino	Home	during most	of working life,	even if retired.)	INDUSTRY		
130. USUAL RESIDENCE	(Where decease	d lived, if institut	ion: Residence befare	13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS		AND NUMBER			
admission) STATE	land	13b. COUNTY	Harford	Town	ettsvil	YES NO					
14. FATHER'S NAME	First	Middle	Last			MAIDEN NAME First		Middle		Last	
Be	ntamen	L.	Mason	2 14		Annie		E	Des	voe	
16a. WAS DECEASED E	VER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY	/ NO. 17	. INFORMANT		10:26	Address		VIII	
Yes, No unknow	n) (It yes give wa	r or dates of service)	213-50-1	1940	Warren	Baity	Darlin	oton. Ma	ryland		
18. CAUSE OF D	DEATH (Enter only	ane cause per lu	e far, (a), (b), and (2	1.)		1		1	APPROXI	MATE INTERV	
	ATH WAS CAUSED	BY:	h.d.	AR	De	Dombe.	Oal.	0	10	ay	LAIII .
412	IMMEDIA	E CAUSE (a)	AS A CONSEQUENCE OF		-	1	7	<i>u</i> n		-	-
Canditions, if an	y, which gave	DUE TO, OK	A STONSEQUENCE OF	01	1.1	1			>5	4ear	5
rise to immedia	ate couse (a),	DUE TO OR	S A CONSEQUENCE OF	F		,					
stating the und	lerlying cause	(4)	S A CONSEQUENCE OF						0		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT FOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)										
Dia	Diabetes wellitus, Chronic Choles ystilis * terminal								O Bull	land Pr	at .
190. DATE OF OPE	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CO									;	
190. DATE OF OPE			-		YES	NO NO	CAUSES OF	DEATH?	V		
	WAS UNDERLYING	21b. TIME OF	FINJURY	21c.	HOW INJURY O	CCURRED (Enter na	iture of injury in	Part 1 ar Part 2,	Item 18.)		
OR CONTRIBUTING	medical examine	HOUR A.M.	Manth Day Yea	r 19							
ZIG. INJUKT UU	CURRED 21e. F	PLACE OF INJURY	( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.		LOCATION Stre	eet or R.F.D. No.	City or 1	lown,	County	S	tate
While Not wark at w	-,,,,,,		OFFICE BUILDING, ETC.		11	2					
		haspital) atta	ended the deceas	sed from-	Abril	15 1960	to.	126.19	CP, that	(I) (w	e) last
saw the	deceased ali	ve an	126	1900,0	nd/that in (r		in death acc				
		(I) (we) (did)	(did nat) yiew the	e bady afte	r death.		The state of the s		1	//	
22b. SIGNATURE	5 //	1.0	1	1	ATTEND	ING MED.	- S1	AFF 22c.	DATE SIGNED	11	0
	the	gade	0600	ens) DE	GREE PHYS.	DIREC	CTOR L PI	IYS.	1/26	100	8
22d. PHYSICIAN': NAME (Type		and	Citoo	, M.	22e. AD	DRESS	one c	le gra	ree,	luc	e.
23a. BURIAL, CREMATI		ATE	23c. NAME OF	F CEMETERY (	R CREMATORY	2	3d. LOCATION (	City or Town)	(Caunty)	(State	)
BUTIAL Specif	y) Ma	y 28,19	968 Hig	hland	1			eet, Har		Md.	
24. FUNERAL DIRECTO	R		ADDRES	S		25a. REC'D BY R		25b. REGISTRAR'S	SIGNATURE	dela	
John H.	Harki	ms	Delta,	Penns	l.	DATE MAY	3 1 196	D free	0	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by tailinector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Basebauld be filed with the State Dept. at Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/68

after death.

Tall tast of fire and the same of the same dayre de vises, les l'Attigons burito loss l'action rechina And the contract of the traction of the tracti 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17086 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF OEATH 2b. HOUR (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years August 3, 1929. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 8. MARRIED 📉 NEVER MARRIED 🗌 country) Maryland USA WIDOWED DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Hosp. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 8608 Drumwood Rd. 21204 admission) STATE Md -13b. COUNTY Balte L Baltimere NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Last Last Grebner Bass Lionel L. 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 214-24-1299 Yes no or unknown) (If yes give war ardates of service) Mrs. Doris A. Bass (Same) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY Lours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. Na. City ar Tawn County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 5/20, 1966, to 5/20, 1966, that (I) (we) last saw the deceased alive on 5/20, 1966, and that in (my) (our) opinion death occurred an the date and haur and from the 5/20 1968 to 5/20 1968 that (1) (we) last causes stoted obove, (I) (we) (did) (did not) view the body after deoth. 22b. SIGNATUR€ 22c. DATE SIGNED ATTENDING DEGREE PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Harford Memorial Hespital NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. (Caunty) (State) BREMOVAL (Specify) 5/23/68. Baltimore National Cemetery Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balte. Md. 21214 Charles

requires that the death certificate be executed within 24 haurs after death and completely filled remove carbon pope and in ony pleose signed by the ottendi burial-tronsit permit. os the prior to t hos been TO FUNERAL DIRECTOR: After this certificate director, 30M REV. 1/68

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# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. —rages hand should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

07081

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	CEASED-NAME	First		Middle		Last		2a.	DATE OF			2b. HOUR	
(1	ype or print)	JOSE	PH	NORMAN	BC	ISSONNE	AULT			May 30	) 68	1530	
3. SE	X		4. RACE			S. DATE OF				6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
	Male		C	au		22	Apr 19	18		last birthday)	MONTHS DAYS	HDURS MIN.	
70 F	BIRTHPLACE (State of	r foreign	7b. CITIZEN OF WH		T8			_	JNTY OF				
cour	viry) New Hamps			AT COURTET:		ED NEVER MA							
			USA	THE OF HOSPITAL OR HI	WIDOW		ORCED		Harf		Tage Manager	Mo	
	or town of the composition of th		give s	AME OF HOSPITAL OR IN: treet address) Kirk Army	Host	it not in hospital	during	most of v	warking l	(Kind of work done ife, even if retired.)	INDUSTRY	BUSINESS OR	
				ion: Residence befare		OR TOWN	13d. INSIDE CIT			EET AND NUMBER			
admi		Marylan		Harford		rdeen	YESKX	NO 🗌	XXX		3 Def	ense Dr	
14. F	ATHER'S NAME	First	Middle	Last	1	15. MOTHER'S I	MAIDEN NAME	First		Middle		Lost	
		ouis		Boissonnes	ault.		Mari		oe.		T	eur	
160				16b. SOCIAL SECURITY		17. INFORMANT	1,1007 7	.0 2200	.0.	To Andross		Md.	
Y	WAS DECEASED EV es, no, or unknown)	MM and w	rockorean						2.	Defense			
	Yes			001-14-19	125	Helene	Bolssc	nnea	ult,	3 शुक्राविकावता	e Dr. Ab	erdeen IMATE INTERVAL	
				ne far (a), (b), and (c)							BETWEEN	DNSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Acute Myocardial Infarction										1-4	Hrs	
	410	9		AS A CONSEQUENCE OF							- 170		
	Conditions, if any												
	nse to immediat		(b)	AS A CONSEQUENCE OF							-		
	stating the unde	rlying couse	(4)	O A CONSEQUENCE OF							100		
		CAUCICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT N	OT DELATE	D TO THE TERMIN	IAI DICEACE O	PCONDITI	ON GIVEN	IN DAPT I/a)	-		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)												
NO	7201					Too will			Tee: 15	MEG. MIEDE EMPINIOS O	ONCIDEDED IN C	EDZIEVINO	
CERTIFICATION	19a. DATE OF OPER	ATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AU				YES, WERE FINDINGS OF DEATH?	ONSIDERED IN C	EKTIFYING	
ZIF!						YES	NO NO	X	CAUSES	OI DENIII.			
	210. ACCIDENT W		m			. HOW INJURY O	CCURRED (Er	nter natur	e af injur	y in Part 1 ar Part 2,	Item 18.)		
MEDICAL	OR CONTRIBUTING			Manth Day Year	9								
ME	214 INTELEV OCCU	IPPED 21a	PLACE OF INJURY	( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		f. LOCATION Str	eet or R.F.D.	No.	City	ar Tawn	County	State	
	While Nat what work	1116		OFFICE BUILDING, ETC.	1								
	220 Leartify	that (I) MBi	CVB6V6V6VIV att	anded the decor	ad from	30 Mars	19	68	to 30	Mass 19	68 that	t (1) (3/3/) las	
	saw the	deceased a	live on 30	May	19 68	and that in (	my) (ow	pinion	death o	May , 19 ccurred on the do	ite and hour	ond from th	
	causes st	ared above	(I) (Wet (did)	(district) view the	body aft	er death.	//(/-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	22b. SIGNATURE	1/11	111		1					22c.	DATE SIGNED		
	/	IIIN	11/1	KIIN	1 8	DEGREE PHYS.	OING KX	MED. DIRECTO	R 🔲	STAFF PHYS.	30 May	68	
	22d. PHYSICIAN'S	100	VV //	19/0	V	22e. Al	DRESS		-		10 11cc.y	00	
	NAME (Type)	MARK	J EPSTE	N CPT MC	100	US	KIRK A	RMY	HOSE	PITAL, APG	, MD 2	1005	
23g.	BURIAL, CREMATIO				CEMETERY	OR CREMATORY		23d.	LOCATIO	N (City or Town)	(County)	(Stote)	
)	REMOVAL (Specify)	1	June 68			etery				leen Provi			
24	Burial FUNERAL DIRECTOR			rring 4905			2Sa. REC'E			2Sb. REGISTRAR'S	SIGNATURE	22019 22019	
4	1 4 6						DATE			968 Jelie	mes &	udge	
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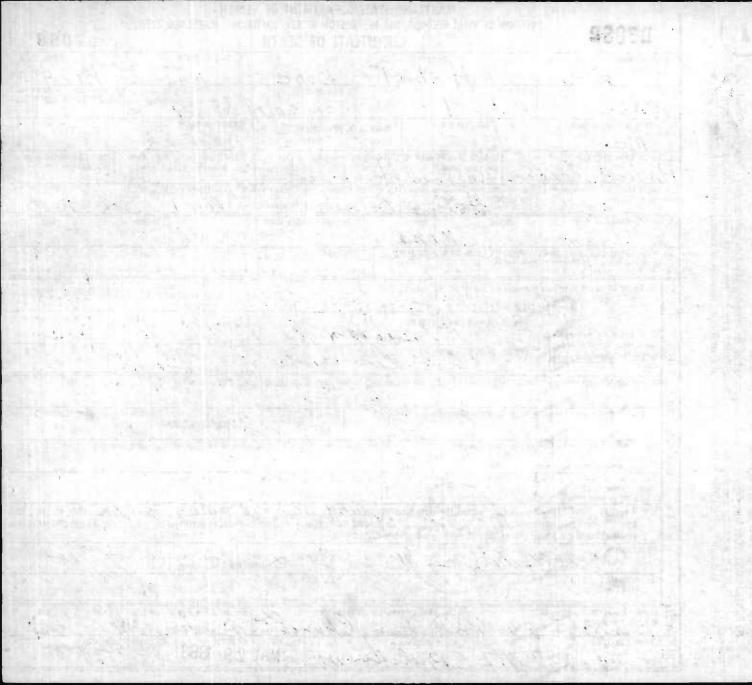
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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

A CATE OF DELTA	Tay warm
1. DECEASED-NAME (Type or print) Serge Herbert Bond 20. DATE OF DEATH Month	Day Year 2b. HOUR
3. SEX 14. RACE S. DATE OF BIRTH 6. AGF (In ye	20 1968 974
	y) MONTHS DAYS HOURS MIN
MALE Colored Jan 20.18.89 Gst burthdon  70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MADDIED TO NEWED MADDIED TO 9. COUNTY OF DEATH	YRS.
COUNTY OF WHAT COUNTY!	
MC. US WIDOWED DIVORCED HARFORD  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work	done 12b. KIND OF BUSINESS OR
give street address) during most of working life, even if re	tired.) INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUM	RER
odmission) STATE md 13b. COUNTY GARFORD BELAIR YES NO RED 1	BAX 370 A
	iddle Lost
Milliam Bond	
	dress
Yes, na, ar unknawn) (If yes give war ar dates of service)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Mesers leve ( / humbers	36 les
LI LI I DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gove is to immediate cause (a), (b) Consumption Unit - Consumption	( 5 Mi >
Stating the underlying cause) DUE TO, OR AS A CONSEQUENCE OF	P / / /
lost. (c) Cirlosho oderole i (-1 less	est o dro
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
2 Pulleone film	DIALCE CONCIDED IN CEDEUCIAL
CALISES OF DEATHS	IDINGS CONSIDERED IN CERTIFYING
YES NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or	Dort 2 Store 191
The state of the s	ron 2, nem 10.)
GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year  (If either, notify medical examiner) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 1) 21f. LOCATION Street or R.F.D. Na. City or Town	County State
21d. INJURY OCCURRED While Not while of wark 21d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. Na. City or Town	Coomy
220 1 certify that (1) (this haspital) attended the deceased from MAY 10, 1968, to MAY 2	0 19 68 that (1) (we) le
220. I certify that (I) (this haspital) attended the deceased from MAY 10, 1968, to MAY 20 sow the deceased olive on MAY 20 1968, and that in (my) (our) apinian death accurred on	the date and hour and from t
causes stated abave, (I) (we) (did) (did not) view the bady after death.	1
22b. SIGNATURE 2010 160 18 MED. STAFF	22c. DATE SIGNED
22d. PHYSICIAN'S DEGREE PHYS. DIRECTOR PHYS. L	1
NAME (Type)	
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town	vn) (County) (State)
REMOVAL (Specify) 15-24-1968 ASBURY Church Bellive	Ha mel
	ISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2Sb. REG	PARKY 2 SIGNETONEL " " " " " " " " " " " " " " " " " " "

Pages 1 and 2 corsiditer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pagers stayld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 Page 4 may be retained by the hospital ar attending physician.

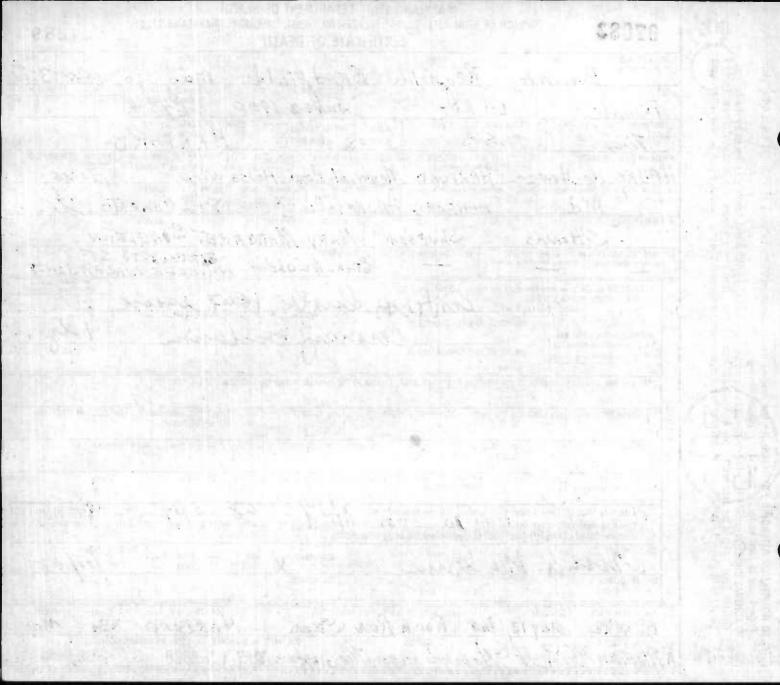


# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

7389

	14.	-	CERTIFICATE OF DEATH
# 10#	120		CEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOU
funeral 1 and 2	/	(1	(ype or print) EMMA Reunolds BRADPield may 10 1968 3:2
fun fun		3. SE	X 4. RACE   S. DATE OF BIRTH   6. AGE on years   IF UNDER I YEAR   IF UNDER 24 H
hours after by the furs. Pages 1, hours after			Female, white JUNE 2, 1900 last Striptday) YRS. MONTHS DAYS HOURS A
by Pour		7a. l	BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
in in ers.		caur	MINDOWED DIVORCED HARFORD
in 24 h filled in papers thin 72 h		10. (	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
if i	11	11	AURE de Arrace give preet address) Memorial Hosp, Hoese WIFE HOME
campletely for carbon y event, with	व्यं न	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 18d MISTER CITY LIMITS? 13e, STREET AND NUMBER
mpl e co			ission) STATE Md 13b. COUNTY HARFORD HAURede Hime VES NO 812 Conesto St.
9 00 ×	12	14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
and rem	1	'	
ate b ician lease and i		14-	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 200 Address 5 5
icat /sici ple			WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, na, ar unknawn) (If yes give war or doles of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  6THEL NEIOLEIN  HAYRE OF GRACE MO 21078
e death certificate k attending physician permit. Then please an, ar remaval, and		-	ADDAQUIAV INTRIU
ing ing			1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
attendi permit. an, ar r			IMMEDIATE CAUSE (o) William Charles (a)
that the dan.  by the attransit per			4109 DUE TO, OR AS A CONSEQUENCE OF
the the sit mat			Canditions, if any, which gave rise to immediate cause (a), (b)
cian. d by the -transit, crema			stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ries /sici ned ial-			last. (c)
ph ph sign bur			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ing ing		N	420/
end end s be as t	1	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If yes, were findings considered in Certifying Causes of Death?
r att r att e ha	X	RTIFI	YES NO NO
AN: That are at a cate and are at a cate and are a cate and are a cate and a			21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, 1tem 18.)
		MEDICAL	(If either, natify medical examiner) P.M. 19
PHYSIC ne haspi this cert etached Dept. a	10	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City at Tawn County State
this this deto			While Nat while at wark \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
by the free be constant			22a. I certify that (I) (this hospital) attended the deceased fram 19 4 70 5 70 5 719 19 4 That (I) (we)
ed led lid lid lid lid lid lid lid lid lid li			saw the deceased alive an MAY 10 1968, and that in (hy) (our) opinion death accorred on the date and hour and fram
TOR TOR			couses stoted obove, (I) (we) (did) (did not) view the bady after death.  22c. DATE SIGNED
REC 3 s			ATTENDING MED. STAFF
Ded / be			22d. PHYSICIAN'S  DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
RAL RAL be t			NAME (Type)
O HOSPITA Page 4 may O FUNERAL director, po	1	22.5	BURIAL, CREMATION, 23b. DATE , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Page O FUI direct	X	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  REMOVAL Specify) MAY 13, 1968 ROCK (ON) EM. HARFORD CO. MD.
5-5-8	W	24	FUNERAL DIRECTOR L. ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A19	88	P	Man 1 The fall of the Mall I was a space was a constant
DOTT REV.		1/1	Madison Michell Havrede Grass, Ma. 2107 DATE MAY 15 1968 Charles Jones



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

			CHIVII.	THE OT	DEMIII					
	CEASED-NAME ppe or print) First	1	_Middle	Blost		D. DATE OF DEATH  Month	Doy 7 Yeor 8 2b. HOUR,			
	Vero		rances		egar	1, 405 //	IF UNDER 1 YEAR   IF UNDER 24 HRS.			
3. SE	1	4. RACE		S. DATE OF I	18, 1923	6. AGE (In years	MONTHS DAYS HOURS MIN			
70 5	IRTHPLACE (Stote on foreign 7b.	CITIZEN OF WHAT COU	NTDV2 8 CVQTIA	200	9 ((	OUNTY OF DEATH				
cour		CHIZEN OF WHAT COU	7	RIED NEVER MA	KKIEU	John of Danie	1)			
	Ta l	USI	WIDO	MED DIAC	RCED	Hart	O C C Md			
10. 0	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL OR INSTITUTION (dress)	7	during most o	CUPATION (Kind of work done f working life, even if retired.	) INDUSTRY			
10	A A A A A A A A A A A A A A A A A A A	9	1 FO 7 0 1	CROSE	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	S Tonde Taccory			
	USUAL RESIDENCE (Where deceosed I	13b COUNTY		or town	YES NO	3814 C	los Ki Hon was			
14. F	ATHER'S NAME First	/ Middle	Lost	IS. MOTHER'S A	AIDEN NAME First	Middle	Last /			
	111 000 -	hogarana	Lyczons		Nas	Ann Ann	Lisowski			
	WAS DECEASED EVER IN U.S. ARMED		OCIAL SECURITY NO.	17. INFORMANT		Address	Edgewood .Md.			
Y	es, no, or unknown) (If yes give war ar	dates of service)	5-14-7755	William	V. Brine		aski Highway.			
	no	J. 7	)=17=/())	T who take Dispute Club?		sar, avar rul	APPROXIMATE INTERVAL /			
3	18. CAUSE OF DEATH (Enter only o		a), (b), ond (c).)	-+	,		BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY	CALICE (a)	arreman	10/05	10		2 hughtles			
	IMMEDIATE									
	180 X	6-7 Month								
	Conditions, if only, which gove trise to immediate course (o).									
16.7	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF									
	lost.									
ш.	PART 2. OTHER SIGNIFICANT CONDIT	TONE CONTRIBUTING TO	DEATH BUT NOT BELAT	TED TO THE TED MAN	AL DISCASE OD CONDI	ITION CIVEN IN DADT 1/a)				
2	PART Z. UTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO	DEATH BUT NOT KELA	IED TO THE TERMIN	AL DISEASE OR CONDI	IIION GIVEN IN PAKT 1(0)				
z	171X									
CERTIFICATION	190. DATE OF OPERATION 19b. CON	IDITION FOR WHICH OPE	RATION WAS PERFORME	D 20o. AUT	OPSY?		S CONSIDERED IN CERTIFYING			
8				YES [	NO IX	CAUSES OF DEATH?				
ER	ACCIDENT WAS UNDERLYING	Tark sure of while		_		( D . 1 D	0.14			
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	th Day Year	Ic. HOW INJURY O	CURRED (Enter not	ure of injury in Port 1 or Port	2, Ifem 18.)			
MEDICAL	(If either, notify medical examiner)		19							
WE				of LOCATION Str	eet or R.F.D. No.	City or Town	County Stote			
	While Not while	OFFICE I	BUILDING, ETC.							
	of work of work			F						
	22a. I certify that (1) (this I	nospital) attended	the deceased from	n 14 16	, 19		19, that (I) (we) last			
	saw the deceased alive	an	7 196	and that in (r	ny) (aur) apiniar	n death accurred an the	date and haur and fram the			
	causes stated abave, (I	i) (we) (did) (did no	ot) view the bady a	fter death.			0			
	22b. SIGNATURE	4 >	7				C. DATE SIGNED			
	AU	rd 1	(Mann)	DEGREE PHYS.	ING MED.	TOR STAFF	17/62			
	DOT DINCICIANIS	1000	200,10	22e. AC		11113.	7 1 1 1			
	22d. PHYSICIAN'S NAME (Type)	210	1 00 hs	7 226. AL	UKESS +10	une No de	mapo lud			
_	FULL	de ( "	becor wh		1/4	or ce e	1,000			
23o.	BURIAL, CREMATION, 23b. DAT	E	23c. NAME OF CEMETER	Y OR CREMATORY	23	d. LOCATION (City or Town)	(County) (Stote)			
	REMOVAL (Specify)		BelAir Mer		- 3	Bel Air	Harford Md			
0.4		TO 1200	ADDRESS	nortal Ga	250. REC'D BY, RE	CICTOAD - LOCK DECOCOS	R'S SIGNATURE()			
24.	FUNERAL DIRECTOR		ADDKF22		1	GISTRAR 1968 B. REOSPIL	in judge			
	loward K. McComa	e & San /	in marine	23	DATE	10 1040	11 4			

DATE

McComas & Son, Abingdon.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physicion. Toge 4 flips be returned by the tropping of progressing progressions and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the burial should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours affirer deal VR A15 (4) 30M REV. 1/68

. . . .

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07085	DIVISION OF VITA		FICATE OF DEATH	IIMORE, MARYLAND 21201	07091
deoth.		ECEASED-NAME First Type or print) Pearl	ine Be	Middle	Chin	20. DATE OF DEATH  Month  Do	Yeor Yeor 3ico M
1	3. 5	Female	4. RACE Colore	edo	S. DATE OF BIRTH	6. AGE (In years lost burbday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
E	COU	BIRTHPLACE (State or foreign ntry)	76. CITIZEN OF WHAT CO	WIDOV	IED NEVER MARKIED DIVORCED DIVORCED	9. COUNTY OF DEATH HARFORE	) Md.
	H	CITY OR TOWN OF DEATH AURE Le Jr	AC give street	FOR U //en	wind Hasp durito	JAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
ony event, with	odm	USUAL RESIDENCE (Where decedission) STATE	13b. COUNTY Ce	cil Por	+ Deposit YES	10 RD1 - B	BoxIII
and in ony		FATHER'S NAME First George	<u> </u>	Boddy		roline	La Rue
-		. WAS DECEASED EVER IN U.S. AR Yes, No. or unknown) (If yes give		SOCIAL SECURITY NO. 19-42-0465	17. INFORMANT Hospital	Records Address	
burial, cremation, or removo	DIAZ III III III	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	ED BY: IATE CAUSE (o)  DUE TO, OR AS A C  (b)  DUE TO, OR AS A C  (c)	ONSEQUENCE OF	HEVD		BETWEEN ONSET AND DEATH.
	NOIL	443 X	ONDITIONS CONTRIBUTING		D TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	CONSIDERED IN CERTIFYING
X X	CERTIFICATION				YES NO	CAUSES OF DEATH?	
5	MEDICAL CE	210. ACCIDENT WAS UNDERLY  OR CONTRIBUTING CAUSE OF DE  (If either, notify medical exam	HOUR A.M. Moniner) P.M.	nth Doy Yeor		er noture of injury in Port 1 or Port 2,	
	W	at work at work	B. PLACE OF INJURY (AT HO OFFICE		f. LOCATION Street or R.F.D. N		County Stote
		220. I certify that (I) (t saw the deceased couses stated above	his haspitol) attende olive on 1917 – re, (I) (we) (did) (did	d the deceosed from 19 68, not) view the body of	ond that in (my) (aur) ageter death.	68, to May 15, 19 pinion death occurred on the d	9 63, that (I) (we) lost lote ond hour ond from the
med with the state Dept.		22b. SIGNATURE	A	111000	DEGREE PHYS.	MED. DIRECTOR STAFF PHYS.	DATE SIGNED 1968
d be Til		22d. PHYSICIAN'S NAME (Type) Lag	ios Mezei, M	.D.	22e. ADORESS Havre	de Grace, Md.	
should be filed	Be	PEMOVAL (Specify) May	DATE 18, 1968	23c. NAME OF CEMETERY Hosanna (e	metery		Harford Md.
A15 41 EV. 1/68	24.	FUNERAL DIRECTOR	Son P	ADDRESS A	DATE N	BY REGISTRAR 2Sb. REGISTRAR	s signature

3-1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

0.000		
1. PLACE OF DEATH a. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Real a. STATE May land b. COUNTY	artord
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Toppa	Joppa	10 DESTRUCTION
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
	2111 Singer Road	YES NO
3. NAME OF BECEASED (Type or print) Beatrice R.	Chase 4. DATE Month OF DEATH   Way	0ay Year 15 19 68
5. SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIED   8	Nov. 25, 1924 43 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  None  None		TIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
John Myers	7	11-6-65
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17.	Bryamin Chase	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. OEATH WAS CAUSED BY: Myocardial in	taretion	Minutes
4100 DUE TO 771		
Conditions, If any, which ) (b) It y perfects we	cardinaxular disease	years
gave rise to immediate cause (a), stating the underlying cause last.  DUE TO Compension less than the cause cause last.	au failure.	months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
4201		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELA  420/ 20a. ACCIOENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU B OR CONTRIBUTING   CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.	)
20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLA facto   20d. Not While   20d. Not Whi	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	nty) (State)
21. I certify that (I) (this hospital) attended the deceased from I	March 4, 1968, to Present, 19	, that (I) (we) last
saw the deceased alive on, 4/1 1968, and that	t death occurred at 1201AM, from the causes and on the	he date stated above.
22a. SIGNATURE		ATE SIGNED
Hyllis C. Villen. M.D	D. PHYS. OIRECTOR PHYS. 3	15/60
22c. PHYSICIÁN'S NAME (Type)	Jerusalem Rd., Kingsville	Md. 21087
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) May 168 Ralls Nat	OR CREMATORY 23d. LOCATION (City, town or could be seen 5.5%) Frederick	(State)
24. FUNERAL DIRECTOR ADORESS  PLACE 11 Elistes 1/29 D. Cuso Con	25a. REC'O BY REGISTRAP 25b. REGISTRAP 25b. REGISTRAP 25b. REGISTRAP	S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fued in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

0

Stote

2b. HOUR

HOURS

Lost

APPROXIMATE INTERVA

BETWEEN ONSET AND DEATH

220. I certify that (I) (this hospital) attended the deceased fram May 22, 1968, to May 26, 1968, that (I) (we) last sow the deceased glive on May 26 1968, and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED

DEGREE

**ATTENDING** 

22e. ADDRESS

PHYS.

22d. PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

MED. DIRECTOR

PHYS.

230 BURIAL TREMATION. REMOVAL (Specify)

23b. DATE May

wells

LOCATION (City or Town)

STAFF

(County) (Stote)

24. FUNERAL DIRECTOR

CADDRESS

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE DATE JUN

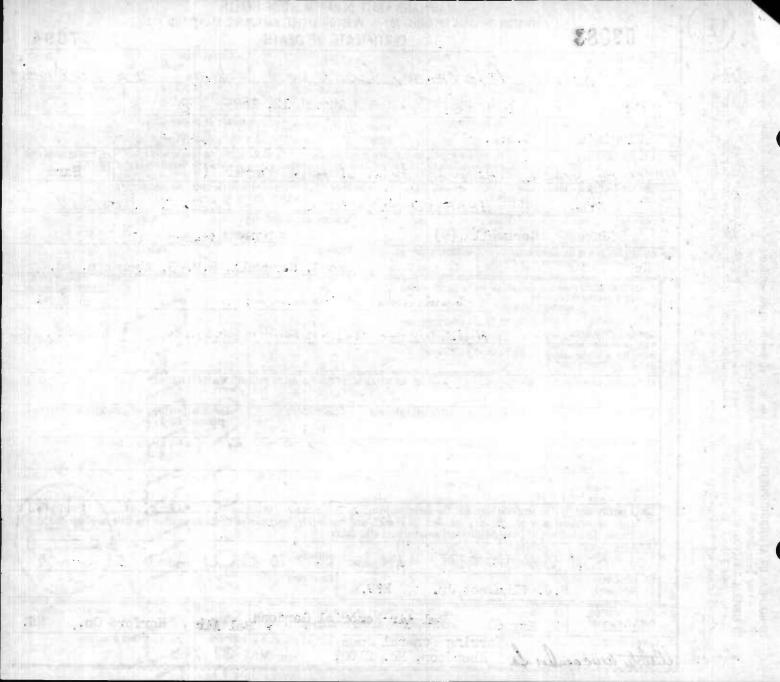
law requires that the death certificate be executed within permit. buriol-tronsit signed by as the prior to l ottending has been by the hospital or O FUNERAL DIRECTOR: After this certificate 4 moy be retoined be filed director, should be

hours

poper

#### DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07083 07094 CERTIFICATE OF DEATH 2b. HOUR Middle 2a. DATE OF DEATH 1. DECEASED-NAME death. Manth (Type ar print) AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH requires that the death certificate be executed within 24 hours after August 12, 1895 YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED 🔀 NEVER MARRIED country) Virginia please remove carbon papers. U.S.A. physician and completely filled in WIDOWED T DIVORCED event, within 72 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH INDUSTRY Farm during most of working life, even if retired.) give street address) RFORD 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY and in any 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last (D Cornwell Jake Belle Whitaker 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) (If yes give war or dates of service) or remaval, Cornwell, R.D. 3. Aberdeen. Md. Leo J. signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Subarucha IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been the Health prior ta 19g, DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ NO [ this certificate 21g. ACCIDENT WAS UNDERLYING by the haspital or 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 5-22-68, 19, ta 5-22-68, 19, that (I) (we) last sow the deceased alive an may 22, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After be retained causes stated abave, (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. 5-23-18 DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S B.J. Plunkett M?D. NAME (Type) directar, 234 NAME OF CEMETERY OR CREMATORY Gardens 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE (Caunty) REMOVAL (Specify) Harford Co. Md. 25 May 68 Tarring Famoral Home 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Aberdeen, Md. 21001

MARYLAND STATE DEPARTMENT OF HEALTH



# MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS,

	tter, enteriore, the tree enter	
IFICATE OF	DEATH	0.7

1968

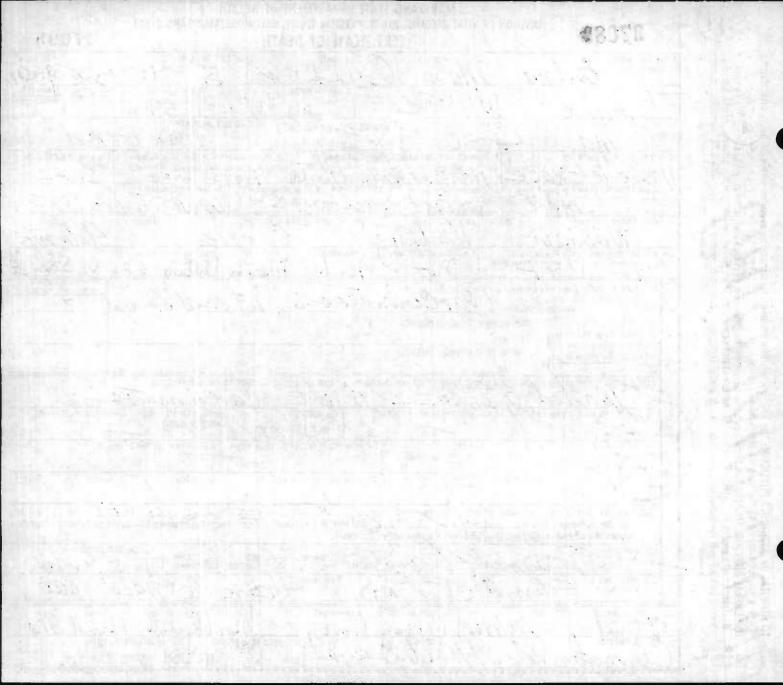
DATE

	48728		CERTIFICA	TE OF DEATH		07095
	CEASED-NAME ype or print)	irst May	CU	Last LUM 20.	DATE OF DEATH Month (2 Doy	160 113
3. SE	Female	4. RACE White	S.	Mars 10/19	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 Mrs. MONTHS DAYS HOURS MIN.
	BIRTHPLACE (State or foreign	n 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MAKRIED	Har F	ord. Md
H	CORE-de-C	Race give street address) HARFORA	Memoria	Hospfal during most of v	JPATION (Kind of work done vorking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
adm	ission) STATE M	deceosed lived, if institution: Residence before 13b. COUNTY HAR FOR A	· Havred	Grace YES X. NO	13e. STREET AND NUMBER	FPS ST
	FATHER'S NAME First	A Middle Lost  A M  S. ARMED FORCES? 16b. SOCIAL SECURI	1/3	MOTHER'S MAIDEN NAME First	Middle Middle	adams
		es give war or dates of service)	m	Leo Markon	Cullum 62	b N. Stokes St.
	PART I. DEATH WAS C	nter only one cause per line for (a), (b), and CAUSED BY:  AMEDIATE CAUSE (a)	nomal.	osio int	a aldonin	BETWEEN ONSET AND OEATH
	1950 Canditians, if any, which g	DUE TO, OR AS A CONSEQUENCE	OF			
	rise to immediate cause stating the underlying co last.		OF			A GE AN
Z		nt conditions contributing to death but	NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)	Sio .
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY? /	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDED OR CONTRIBUTING CAUSE ( (If either, notify modical e	OF DEATH HOUR A.M. Manth Day Ye examiner) P.M.	ear 19	INJURY OCCURRED (Enter noture	of injury in Part 1 ar Port 2, I	tem 18.)
W	21d. INJURY OCCURRED While Nat while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE, BUILDING, ETC.		TION Street or R.F.D. No.	City or Town	County State
	22a. I certify that (I saw the decease causes stated a	(this haspital) attended the dece sed alive an abave, (1) (we) (did) (did not) view t	ased from	that in (my) (aur) apinian ath.	death accurred an the da	te and haur and fram the
	22b. SIGNATURE	Ho 071 -	Degree	ATTENDING MED. DIRECTO	STAFF	DATE SIGNED
	22d. PHYSICIAN'S NAME (Type)	dward cloo	MI	22e. ADDRESS	e de Grac	e, md.
	REMOVAL (Specify)	23b. DATE 23c. NAME 23c. NAME	OF CEMETERY OR CE	neten De	LOCATION (City of Town)	(County) (State)
24	FILINEDAL DIDECTOR	ADDR	F96 (	2 2Sg REC'D BY REGI	STRAR 2Sh REGISTRAR'S	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the faneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 2 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pours after death

Page 4 may be retained by the haspital or attending physician.



02530

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FICATE OF DEATH

			CLKIIII	TAIL OF DEATH					
	ECEASED-NAME Fire	st	Middle	Lost	2a. DATE OF DEATH		2b. HOUR		
(1	Type or print) Edn	a F	Dea	aton	Month No	1968	5 A. N		
3. SE	EX	4. RACE		S. OATE OF BIRTH	6. AGE (In years		IF UNDER 24 HRS.		
	Female	White		Apr. 28, 1893	75st birthday) YRS.	MONTHS OAYS	HOURS MIN		
o. coul	BIRTHPLACE (State or fareign intry)	7b. CITIZEN OF WHAT CO	MAKKIED	NEVER MARRIED OIVORCED	9. COUNTY OF DEATH Harford Co.,		Md		
	CITY OR TOWN OF DEATH		HOSPITAL OR INSTITUTION (If		JAL OCCUPATION (Kind of work done	12b. KIND OF B	USINESS OR		
	Bel Air		Bel Air Road		Housewalfe even if retired.)	Homema	aker		
	USUAL RESIDENCE (Where decenission) STATE Maryland		esidence before   13c. CITY OF Bel 4		13e. STREET AND NUMBER 500 Bel Air	Road			
14.	FATHER'S NAME First	Middle		S. MOTHER'S MAIDEN NAME	First Middle		Lost		
	Walter	Mo	Clure	Marga	ret Co.	henour			
	. WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO. 17.	INFORMANT Husband	1)838-3080 Address P	0.Box 2	54		
	Yes, no or unknawn) (If yes giv	e war ar dates of service)	3-50-2232 M	r. Glen C. De	eaton Bel Air	Md. 21	014		
	1B. CAUSE OF DEATH (Enter	anly ane cause per line for	(o), (b), and (c).)				ATE INTERVAL SET AND DEATH		
	DART I OFATH MILE CAN			relusion					
13	4109	DUE TO, OR AS A C			5				
13	Canditians, if any, which gave	as NI	Reteren	re los as	· Cardes-li	Vine De	seese		
	rise ta immediate cause (o)	(0)		a Create Fee	2 Co Carono				
	stating the underlying cause	(4)	ONSEQUENCE OF			64	n,		
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	- 1			
_	4201			Tuo					
CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OF	PERATION WAS PERFORMED	ORMED 200. AUTOPSY? 20b. IF YES, WERE FINOINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CERT	21o. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJU	RY 21c. H		er noture of injury in Part 1 or Port 2,	Item 18.)			
MEDICAL	OR CONTRIBUTING CAUSE OF D		nth Doy Yeor						
MED	(If either, notify medical example 21d. INJURY OCCURRED 2		ME, FARM, STREET, FACTORY, 21f. L BUILDING, ETC.	OCATION Street or R.F.D. N	a. City or Town	County	State		
	While Nat while at work	DEFICE	BUILDING, ETC.						
	22a. I certify that (I) (	alive an Illucy	19 <u>60;</u> /ar	d that in (my) (aur) ap	inian death accurred an the d	68, that ate and haur a	(I) (we) las		
	causes stated aba	ve, (I) (we) (did) (dj/d	nat) view the bady after	death.					
	22b. SIGNATURE Wills	ard P. Hudson	n, M.D. DEG	REE PHYS.	MEO. DIRECTOR D STAFF D MA	y 30, 19	68		
	22d. PHYSICIAN'S NAME (Type)	eland f	Herdse	22e. AOORESS Forest	Hill, Maryland 21	050			
23a	DEMOVAL (Caracita)	D. DATE	23c. NAME OF CEMETERY OF Fallston Met		23d. LOCATION (City or Town) Fallston, Harfo	(Caunty)	(State)		
24	FUNERAL DIRECTOR				BY REGISTRAR 25b. REGISTRAR				
0		W. Broad	dway Des Willia	ms oco ii		anles lu	del.		

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fundirector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after VR A15 30M REV.

death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Page 4 may be retained by the haspital ar attending physician.

		CHEMINE THE PARTY		
3., 1.2	V.D.3	(0, 30		r.xi
	se eviter		xi 5	55 ~
6 400	ro ce	K	.4,6,0	.llinois
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1-5-20	Office Still market Office Still market For the form		0.13~[0.] mo	
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	100			
3.1 .05 .0	x		tosu ,	ATULLE
	refree tit see			

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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13	Ĵ.	7	U	3	-11

10	0799	4			CERTIFIC	ATE OF DEAT	H		W. 7	037
FE-	1. DECEASED-NAME (Type or print)	First		Middle		Last	2o. DATE O	F DEATH Month D	13 68	2b. HOU
		Eula		7	De	vine		5		11-1
	3. SEX		4. RACE			5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS M
	Female	- 55	Wh:	ite:		11-17-23		44 YR		
	7a. BIRTHPLACE (State country)	e or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O	DEATH		
	Penna		US	A	WIDOWED	DIVORCED	E	arford		
	10. CITY OR TOWN O		11. N	AME OF HOSPITAL OR IN	STITUTION (If n	at in haspital 12a.		(Kind af wark don		F BUSINESS OR
3	Harre de	Grace.	MD Give	street address) <b>tizens Nu</b> r	sing H	durin	g most of working	life, even if retired.	) INDUSTRY	
	13a. USUAL RESIDENC	E (Where deceas	ed lived, if institut	tizens Nur ion: Residence befare	13c. CITY OR	TOWN 13d. INSIDE		REET AND NUMBER		
	odmission) STATE		13b. COUNTY			de Grace	NO - 1777	Weber St		
	14. FATHER'S NAME	First	Middle	Last		. MOTHER'S MAIDEN NA		Middle	10.3	Lost
		,	A. Bear					. Kilbur	יווי	
	16a, WAS DECEASED			16b. SOCIAL SECURITY	NO 17 I	NFORMANT	TOHOC V	Address	**	
	Yes no, or unknov	(If yes give w	rar or dates of service)	TOO. SO CINE SECURIT		orge W.	Devine.		Grace	. Md.
	210			none		,0180 11				IMATE INTERVAL
	IB. CAUSE OF	DEATH (Enter an ATH WAS CAUSE)	ly one cause per li	ge for (a), (b), and (c	Care	+	H		BETWEEN	ONSET AND DEATH
	FART I. DE	IMMEDIA	TE CAUSE (a)	erival 4	. Useep	us me For	ENL		10/	67
	174	X		S A CONSEQUENCE OF	11	ight Buen	1		11	, ,
74		ny, which gove	(b) (	arcinoma	. of the	yer oues	T		0/	66
	stating the un	iate cause (o), ( derlyina cause (	DUE TO, OR	AS A CONSEQUENCE OF					,	
Я	last.	)	(c)							
Н	PART 2. OTHER	SIGNIFICANT CON	IDITIONS CONTRIBU	TING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVE	N IN PART 1(a)		
	z 170)	(								
	19a. DATE OF OP	ERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?		F YES, WERE FINDINGS	CONSIDERED IN	ERTIFYING
7	J. J					YES NO	CAUSE	S OF DEATH?		
	210. ACCIDENT	WAS UNDERLYIN	IG 21b. TIME O	FINJURY	21c. HC	OW INJURY OCCURRED (	Enter nature of init	ry in Part 1 ar Port :	2. Item 1B.)	
П	B ☐ OR CONTRIBUTION	G CAUSE OF OEAT	H HOUR A.M.	Month Doy Year						
	Uf either, natify  21d. INJURY 00	medical exomi			9 CTORY. \ 21f I C	CATION Street or R.F.D	No Gib	or Town	County	State
	While Nat	while 7	TENER OF HOURT	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	7 211. 10	CATION SHOOT OF K.I.D	. 114.	/	county	51016
			:- L :- A	- M. J. J. W	-16.	2/19/68	0 4- 4	117/	Al	(1)/
В	220. I certif	y that (I) (th	is naspital) att	ended the recease	ed fram	mat in (my) (aur)			date and hour	(I) (we) I
ø	couses	stated above	(I) (we) (did)	(did nat) view the	bady after a	leath.	apinian deam	bccorred on the	uare and naur	ana mam
	22b. SIGNATURE		11	(did har then his	budy arror			22	c. DATE SIGNED.	
	(c	Way	KUTH	D	DEGR	EE PHYS.	MED. DIRECTOR	STAFF PHYS.	5/13/6	4
	22d. PHYSICIAN	5/10			DEGIN	22e. ADDRESS	DIRECTOR	FIII3 [	111	U
	NAME (Typ	e) A. W.	GR160	DLEIT		HAVRE	de GK	ACE		
	22a DUDIAL CDCMA				CEMETERY OR	- 1		ON (City ar Town)	(Country)	/54-4-)
	23a. BURIAL, CREMAT	fy) 230.	y 16,19		t. Nel			elta	(County) York	(State) Penn
	24. FUNERAL DIRECT		9 10,1	ADDRESS			D BY REGISTRAR	2Sb. REGISTRAI		T CIIII
3	John I		kins	Delta			MAV 4		Charles	Oudas
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07098 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME 2b. HOUR and 2 (Type or print) may ded 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 haurs after last birthday) MONTHS 1 HOURS March 9, 1898 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State, or foreign 8. MARRIED NEVER MARRIED = WIDOWED [ DIVORCED ( within 1120, USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Juring most of working life, even if retired.) INDUSTRY ord event, 1 13o. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Dollow John nomas lease pup 16b. SOCIAL SECURITY NO. 17. INFORMANT (Husband) 838 - 4039 160. WAS DECEASED EVER IN U.S. ARMED FORCES? BEL ATT, BOOK 163 Yes, no, or unknown) (If yes give war ar dates of service) 272-14-5921 Q or remayal, Mr. John J. Dowd attending phy: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (et) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) signed by the after burial-transit permit burial, crematian, o DUE TO, OR AS CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF several year stoting the underlying couse physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO IX Health p YES [ After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Por OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year haspital detached for the Dept. of F P.M (If either, polify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from \_1968 and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_ shauld vith the be retained O FUNERAL DIRECTOR: causes stated abave, (4) (we) (did) (did nat) view the bady after death. 3 sha 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. , page be filed 22d. PHYSICIAN'S 22e. ADDRESS. NAME (Type) director, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23o. BURIAL, CREMATION. (County) (Stote) REMOVAL (Specify) may 15, 1968 BEL Air Memorial Gardens Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A 30M REV 1/6

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		A STATE OF THE STATE OF	
		BOLLEY STEEL	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use os the buriol-transit permit. Then please remove corbon papers. Against the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

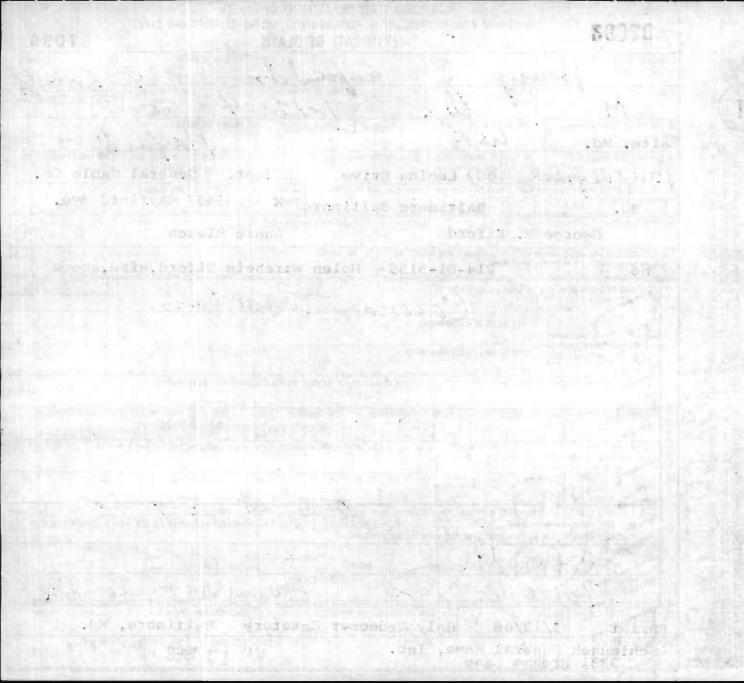
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

Poge 4 moy be retoined by the hospital or ottending physician.

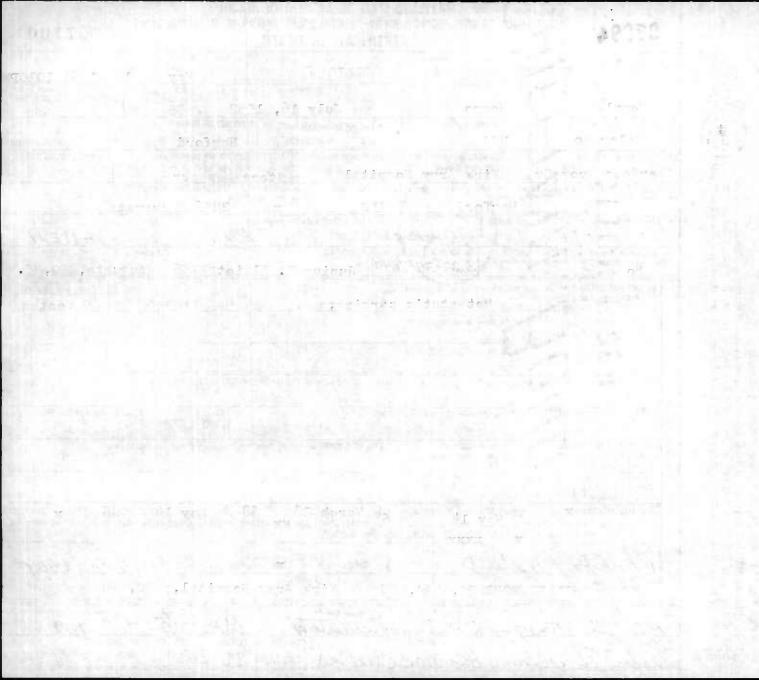
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

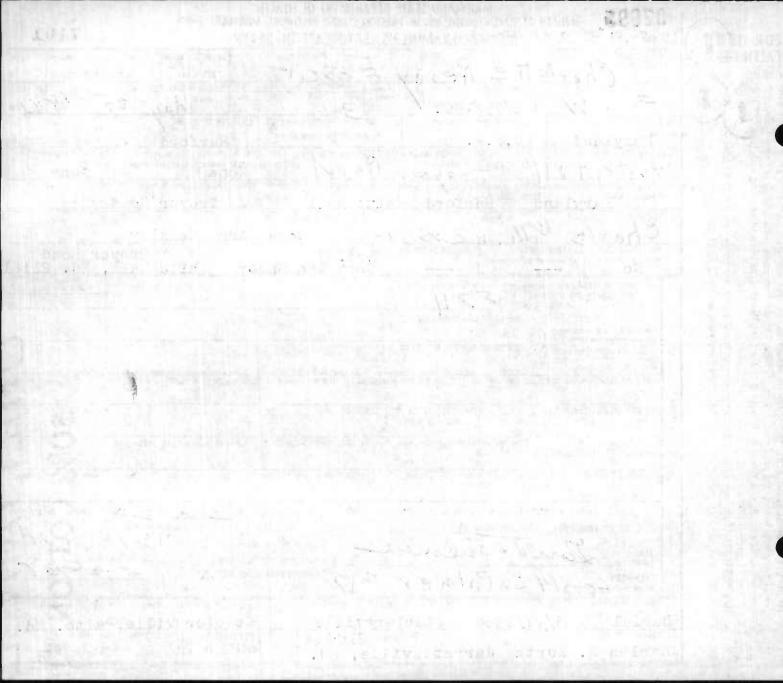
		CEK	HIFICAL	E OF DEATH		Carlotte Control		033
	ECEASED-NAME (ype or print)	Middle	6.1	last 18	2a. DATE OF DEATH	uth Roy	Year	2b. HOUR
3. SE	x He	4. RACE	Carp.	ATE OF BIRTH	/ I6 AGE	(In years	F UNDER 1 YEAR	IF UNDER ATTIKS.
0	M	W.		1-12-0	lost bi	64 YRS.	ONTHS OAYS	HOURS MIN.
		7b. CITIZEN OF WHAT COUNTRY? 8. M	ARRIED -	HEVER MARRIED 9.	. COUNTY OF DEATH	0	0	
	Ito. Md.		DOWED _	DIVORCED	Ha	fans	V	M
K	and de grac		rive	during mos	OCCUPATION (Kind of t of warking life ever		126. KIND OF INDUSTRY able	BUSINESS OR
130. odm	USUAL RESIDENCE (Where decease ission) STATE	ed lived, if institution: Residence befare 13c. 13b. COUNTY <b>Baltimore</b> E		was term and f		NUMBER Nayfiel	d Ave	2.
14.	FATHER'S NAME First George	P. Eiford Last	IS. MC	THER'S MAIDEN NAME Firs	e Bleach	Middle L		Last
160. Y	WAS DECEASED EVER IN U.S. ARM  'es, na, or unknown) (If yes give wi	NED FORCES? The ror dates of service 214-01-5155	17. INFO	RMANT len Warehe	eim Eifor	Address d,wife		J E
	Conditions, if any, which gave nise to immediate cause (0), stating the underlying cause last.	DETECAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	any	- Weres	nbon	7		
	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO TH	TERMINAL DISEASE OR CO	NDITION GIVEN IN PART	[ ](o)		
CERTIFICATION	190. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERATION WAS PERFORA	MED	20o. AUTOPSY?  YES NO NO	20b. IF YES, WEF	RE FINDINGS CON: TH?	SIDERED IN CE	ERTIFYING
MEDICAL CER	21o. ACCIDENT WAS UNDERLYIN  or contributing cause of otati (If either, natify medical exomin	HOUR A.M. Month Day Year P.M. 19		NJURY OCCURRED (Enter r	noture of injury in Part	1 ar Part 2, Iter	m 18.)	
W	While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, )		-//	City ar Tawn	- /	County	State
	saw the deceased al	is haspital) attended the deceased fr live an 19 e, (I) (we) (did) (did nat) view the bady	_,land th	at in (my) (aur) apinith.		d an the date		(I) (we) la: and fram th
	22b. SIGNATURE	10 Y	DEGREE		D. STAFF PHYS.	22c. DA	TE SIGNED	
	22d. PHYSICIAN'S NAME (Type) 10 4	NO YUN		22e. ADDRESS	redle	nace	o Ki	res
23a.		13/68 Holy Red		MATORY r Cemeter	23d. LOCATION (Git of Balti	imore,	(County) Md.	(Stote)
24.	Schimunek Fu 3331 Bre	neral Home, ADDRESS.		DATE DATE		REGISTRAP'S SIG	GNATURE	ndge



	115	I	tem 18 film 40:	1 6-3-68 MARYLAN		EPARTMENT OF H		
5	5		07094	DIVISION OF VITAL RECORDS,		STON STREET, BALTII	MORE, MARYLAND 2120	07100
death.	funeral 1 and 2 er death		DECEASED-NAME First (Type or print) KAT	Middle HRYN A	ELL	last IOT 7	2a. DATE OF DEATH Manth May	Pay 1968 1010
Her	de fur after	3.		4. RACE	S.	DATE OF BIRTH	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN
urs	705	70	Female BIRTHPLACE (State ar foreign	Negro 7b. CITIZEN OF WHAT COUNTRY?	18		O COUNTY OF DEATH	/RS.
24 ho		CO	untry) Colorado	USA	WIDOWED [	DIVORCED	Harford	Md.
The law requires that the death certificate be executed within 24 hours after death	carban persent, within	-	CITY OR TOWN OF DEATH berdeen Prov G	11. NAME OF HOSPITAL OR IN give street address) Rirk Army H			. OCCUPATION (Kind of work do st of working life, even if retire e Manager	
cuted	campletely fill ave carban p y event, withi	) 13d	o. USUAL RESIDENCE (Where deceose nission) STATE Md	ed lived, if institution: Residence before 13b. COUNTY Harford	13c. CITY OR TO	13d. INSIDE CITY LIM YES \ \ \ NO	13e. STREET AND NUMBER	
pe exe	physician. signed by the attending physician and campletely fil burial-transit permit. Then please remave carban purial, crematian, ar remaval, and in any event, with	14.	FATHER'S NAME PETER	Middle DENS		MOTHER'S MAIDEN NAME Fir		
ficate	ysiciar pleas al, and	16	a. WAS DECEASED EVER IN U.S. ARM Yes, na. or unknawn) (If yes give wo	ED FORCES?  ar or dotes of service)  16b. SOCIAL SECURITY  522-34-	en 2511m	ORMANT	Addres	ugusta, APG, Md.
certi	attending phy permit. Then ian, ar remava	-		γ ane cause per line far (a), (b), and (c)		diffus R. BI	TIOUTE / JO H A	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
eath	ndin nit. ar re	VI.				ioma , Lung	, not proven	9 months
ne di	permit.		1621	DUE TO, OR AS A CONSEQUENCE OF				
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s th	d by Ltra		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF				
quire	pnysician. signed by the burial-transit burial, crema'		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO T	HE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
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The lay	spiral ar arrenaing k ertificate has been s led far use as the b c. af Health priar ta b	CERTIFICATION	190. DATE OF OPERATION 196. (	CONDITION FOR WHICH OPERATION WAS PI	ERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
CIAN:	ifficate   far u   far u	MEDICAL CES		HOUR A.M. Month Doy Yeor		/ INJURY OCCURRED (Enter	nature of injury in Part 1 ar Par	t 2, Item 18.)
PHYSICIAN:	rage 4 may be relained by the hospital at attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-traishould be filed with the State Dept. af Health priar ta burial, cre	ME	21d. INJURY OCCURRED 21e. While Not while at work of wark	PLACE OF INJURY (AT HOME, FARM, STREET, FA	ACTORY.) 21f. LOCA	ATION Street ar R.F.D. No.	City or Tawn	County State
ATTENDING Friend by the	fter t fter t be d State		22a. I certify that (t) (thi	s haspital) attended the deceas ive an May 14	ed from Ma	rch 28 , 19-6	8 , to May 14 ,	19_68_, that ( (we) last
	R: A uld the S		saw the deceosed al	ive an May 14, (I) (we) (did) (did not) view the	19_00, and t	that in (my) ( <b>sust)</b> apir ath.	nion deoth occŭrred on the	date and haur and from the
A SE	De rerained  SIRECTOR: A  JRECTOR: A  JREC		22b, SIGNATURE	1.202			D STATE	22c. DATE SIGNED
8	DIRE DIRE 3 3e 3 led v		Thill f.	Maluts n	D. DEGREE		RECTOR PHYS.	13may 1968
PITAL	ERAL Dr., page	1	NAME (Type) PHILL	IP ROBERTS, MAJ,	MC	22e. ADDRESS Kirk Army	Hospital, APG	, Md
TO HOSPITAL	rage 4 may be retained  • FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	23	D. BURIAL, CREMATION, PEMOVAL (Specify)	DATE 23c. NAME OF	CEMETERY OR CR	REMATORY	23d. LOCATION (City or fown)	C UCounty) (State)
-	-	24	. EUNERAL DIRECTOR	ADDRESS		2Sa. REC'D BY		AR'S SIGNATURE
	VR A15 (4) 30M REV. 1/68	1	Viner 7/34	lak Have de	Mice	and DATE MAY	20 1968	carles Judge



1 0		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201		
EOD CTATES		Division of Vital records, 301 W. Preston Street, Baltimore, Maryland 21201 Sem2a, FilmGl 01 6/3/MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0710	1
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Do		2b. HOUR
		(Type or Print) Of FSTI.	Known9	ZD. HOUR
5 w 2 m 3	3. 9	SEX 4. RACE S. DATE OF BIRTH TO AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD		2d. HOUR
5 50		F W 2/25/1968 Vast birthdoy) MONTHS DAYS HOURS MIN. Manth Doy 25	Yeor 19	VIII
E TO SERVICE		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		T. all M
	COU	Maryland U.S.A. WIDOWED DIVORCED Harford		Md
7	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work done give street address)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INI	b. KIND OF BUSIN	JESS OR
after death 8. Give Pag alang with with the Sta	1	White Hall Troye, - 1020 None	None	
alang		. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE AND NUMBER 13b. COUNTY Harford White Hall YES NO VER Road		
Jrs ce				
haurs Item 18 Office I and 2 after d	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last	
hin 24 ncil in niner's pages l	160	WAS DECEASED EVER IN U.S. ARMED FORCES? TIGOL SOCIAL SECURITY NO. J.T. INFORMANT ADDRESS ADDRE		
within pencil xamine ile pag 72 hau		. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) NO  ADDRESTroye Cora Ann Ensor White Hall.	er Road	1
	-	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE IN	
shauld be executed ne word "pending" in a the Chief Medical E burial-transit permit. F I in any event within.		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AL	ND DEATH
e execute pending" of Medica sit permit		795 X DUE TO, OR AS A CONSQUENCE OF		
be 'pe 'ipe inef		Conditions, if only, which gave (b)		
ord ord e Ch al-tro		rise to immediate cause (a).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF		4
shauld e word a the C Surial-tr in any		lost. (c)		
This certificate shauld icate, writing the word be farwarded ta the Cl be used as a burial-tr or remaval, and in any	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
certificate writing the sawarded to used as a laward, and	NO	795.5	Loo AUTOROUS	
0 DE V	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?	
This icate, be fa	ERTIF	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	YES 🗌	NO 🗌
=		PRIMARY OR CONTRIBUTING HOUR A.M.	ID.)	
INER: le certifi shauld l files. 3 should	MEDICAL	CAUSE OF DEATH	Caunty	State
		WHILE NOT WHILE foctory, office building, etc.)		
		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry ,	ond in my	oninion
ICAL E executor. Page of far CTOR: Fourial,		deoth resulted from: Notural couses, Accident , Suicide , Hamicide Undetermined manner	7	- 2/
olease e directal etained DIRECT		9) NIGRO CHIEF MEDICAL EXAMINER   Be/F	ナンアイ	WI
TY, please y, please stal direction se retain SAL DIRE		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	NED -	2
EPUTY sssary, p funeral ay be re JNERAL Ith prid		EXAMINER'S DEPUTY MEDICAL EXAMINER & 5	2 > 0	0
		NAME (Type) & TO 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
07 = 20 D	230	REMOVAL (Specify)	(Sto	te)
			BAI to.	Md.
VR A15ME (5)			rles Jus	Lee.
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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

						- May 0 1 1 1				
		CEASED-NAME First Midd	le	Lost 2o.	DATE OF DEATH	2b. HOUR				
1	(1	ype or print) MichaeL	t,	ABBRO 1	MAY Month 19 Do	19/18 10 AM				
1	SE		S.	DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.				
	1	MALE WHITE		april 24.1	895 last birthday) YRS	MONTHS DAYS HOURS MIN.				
		BIRTHPLACE (State ar foreign   7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 5. COL	INTY OF DEATH					
	cour	ITALY U.S.A.	WIDOWED		ARFORD	Md.				
	10. 0		AL OR INSTITUTION (If nat	in haspital 12a. USUAL OCC	PATION (Kind of work dane	12b. KIND OF BUSINESS OR				
66.	11	AURE de GRACE give street oddress		AL during prost of	working life, effen if retired.)	INDUSTRY				
		USUAL RESIDENCE (Where deceased lived, if institution: Residence	before 13c, CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER					
12	odmi	ssian) STATE 13b. COUNTY HARFORD	1 House do	Gence YES NO	971 ChesA	Peake Peive				
1	14. 5	ATHER'S NAME First Middle	Lost 15. A	MOTHER'S MAIDEN NAME First	Middle	Lost				
		UNKNOWN		UNKNO	OWN					
	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL S		ORMANT	Address Address	1-lave de flight				
	Y	es, no, or unknown) (If yes give war or dates of service)	14 1	bro Frank (	ianelli 971	Cheapert the				
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)	and (c).)	/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		PART 1. DEATH WAS CAUSED BY:	Eury.	mysemie	mulm.	DETITIEN ONSET AND DEATH				
		49 2 X IMMEDIATE CAUSE (a)	ENCE OF		/					
		Conditions, if any, which gave)	LIVEL OI							
		rise to immediate cause (a), (b)								
		stating the underlying cause   DUE 10, OR AS A CONSEQU	27166 01			CONTRACT NAME OF				
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)					
	-	5271								
	ATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING				
X	CERTIFICATION			YES NO	CAUSES OF DEATH?					
-	CER	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY	21c. HOW	INJURY OCCURRED (Enter noture	e of injury in Port 1 or Part 2	, Item 18.)				
	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH  (If either, notify medical examiner)  P.M.  Month Do  P.M.	Y Yeor							
	MED	21d. INJURY OCCURRED   21e. PLACE OF INJURY ( AT HOME, FARM,		TION Street at R.F.D. No.	City or Town	County State				
	7	While Not while of work	, ETC.							
	4	22a. I certify that (I) (this haspital) attended the	deceased from AF	PRIL 2619 68.	ta MAU 19.19	9_68, that (I) (we) last				
		saw the deceased alive an IIIA4 19	1965, and t	hat in (my) (aur) apinian	death accurred an the d	late and haur and fram the				
		causes stated abave, (I) (we) (did) (did nat) vi	ew the bady after de	ath.						
		22b. SIGNATURE	1	ATTENDING MED.	STAFF C	:. DATE SIGNED				
		a occord	DEGREE	TITIS.	R L PHYS. L					
1		22d. PHYSICIAN'S NAME (Type)	701	22e. ADDRESS						
			ze i							
	23a.	REMOVAL (Specify) 23b. DATE 23c. N	IAME OF CEMETERY OR CR	MATORY 23d	LOCATION (City or Town)	(County) (State)				
	24	REMOVAL (Specify) 5/22/68 S	1000 Horsely	o comelly	CTRAP LOCK PROJETORS	C CICNATURE				
(0	24	FUNERAL DIRECTOR 1	ADDRESS MA	2Sa. REC'S BY REGI	STRAR 2Sb. REGISTRAR	3 SIGNATURE				
00	1	James James Tave	x W/ Jos well	DATE MAY 2	4 1000 100	The same				

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled, directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 7. Page 4 may be retained by the haspital or attending physician.

the funeral rer death.

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MANUAL TO THE ME BELLEVILLE AND AND ASSESSED ASSESSED. manufand has and dismerchanter (lude L. rains (onstance h. 40 - Comme - 215-8-6556 (od. (uple L. Friers, cogernue romming Milming) Sugar the state of the consecution with the contract with the same en reign. rabecomes van recentiale, ra AND THE PARTY OF THE

. H. . B. . I depresed that . (ad trye) that . charge 20 Long along the Control of the Self-Manager Self-Manager THE RESIDENCE OF THE PROPERTY Connectit, it. which is the content of the law. no and a factor of 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/1	tem#6.Film#Gh0	0 5/23/68km	CERTI	FICATE OF DEAT	H	KILAND ZIZVI	0.7	105
1. D	CEASED-NAME First Type or print) HARR	1	Middle	HAdry	2a. DATE OF	Month Pay	6 Year	2b. HOUR
3. S	MAKE	4. RACE White		S. DATE OF BIRTH	0/	6. AGE (In yeors last birthday)	MONTHS DAYS	HOURS MIN.
COU	BIRTHPLACE (State ar fareign htry) Penna.	76. CITIZEN OF WHAT COL	WIDOV		9. COUNTY OF	ARFORd	The Man of	Md
1	USUAL RESIDENCE (Where deced	ACE Give street of	erd Mem	crial Hispourin	ng most of working	(Kind of work done life, even if retired.) REET AND NUMBER	12b. KIND OF INDUSTRY	BUSINESS OR
adm	issian) STATE Md	13b. COUNTY	reford HAU	IRE OF GRAZES WES	NO 35	9 Le WIS	57	
	Toany B	Middle	druf	15. MOTHER'S MAIDEN NA	ME First	ue Middle		last
160	WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES? 16b. SC war or dates of service)	OCIAL SECURITY NO.	17. INFORMANT Wilelhur	rana p	Lady 7	Jane	de Fras
	18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUSE IMMEDI		p), (b), and (c).)	oria h	Palit	T		NATE INTERVAL NSET AND GEATH
	4129 Conditions, if ony, which gove	DUE TO, OR AS A CO		+ Nulsan	mark	ulante	n 10	weel
	rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CO	NSEQUENCE OF	levotre	Clean	Adina	26	
z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE	ORCONDITION GIVE	N IN PART 1(o)		
CERTIFICATION	190. DATE OF OPERATION 196	. CONDITION FOR WHICH OPE	RATION WAS PERFORMED			YES, WERE FINDINGS CO S OF DEATH?	ONSIDERED IN CE	RTIFYING
MEDICAL CE	21a. ACCIDENT WAS UNDERLYI  or contributing cause of dea (If either, notify medical exam	iner) HOUR A.M. Mon	th Day Year	c. HOW INJURY OCCURRED		ry in Part 1 ar Part 2,	Item 18.)	
WE	at work at wark			f. LOCATION Street ar R.F.L	D. No. City	or Town	County	State
	causes stated abav	nis haspital) attended alive an 4 e, (I) (we) (did) (did n	1968	and that in (my) (aur)	19 6, ta ) apinian death (		te and haur	(I) (we) last and fram the
H	22b. SIGNATURE	h. Wu	Inu	DECREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.   22c.	DATE SIGNED	68
	22d. PHYSICIAN'S NAME (Type)			22e. ADDRIAS			11	
	REMOVAL (Specify)	DATE/14/68	23c. NAME, OF CEMETER	Hell	140	ON (City or Town)	(Country)	(State)
24.	FUNERAL DIRECTOR	Da Han	ADDRESS Som	e Md. DATE	MAY 2 0	1968 REGISTRARS	SIGNATURE	ridge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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WE SEAL WAS TO BE

24. LEUNERAL DIRECTOR

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

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1968

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

20. AUTOPSY?

County

5/12/68

(County)

YES X NO

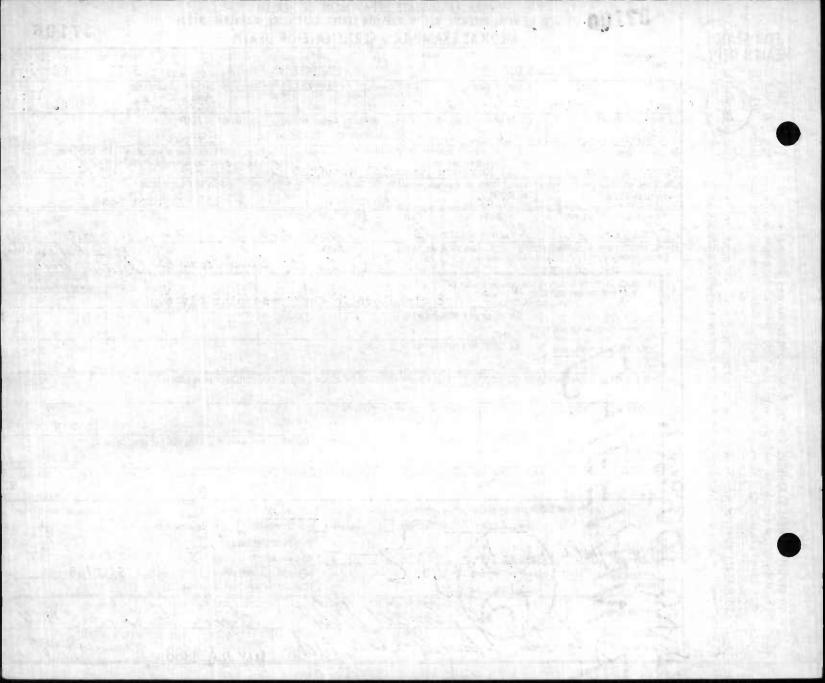
ond in my opinion

State

INDUSTRY

A.

Year



DIVISION OF VITAL RECORDS, 301 W.

ICATE OF DE	ATH	071
TOATE OF DEA	O DATE OF DEATH	

			CERTIFICA	ALE OF DEATH		1101
	(1	YPE OF PRINT) HI 104 C	hrus tophen . Hon	RWARD 120.	DATE OF DEATH  Month  Day	1968 9 AN
1	3. SI	Female	White	s. DATE OF BIRTH 26 January 1908	Instabirthday) N	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	COU	North Carolina U.S	.A. WIDOWED	DIVORCED A	unty of death reford	Md
6	F/.	AURE DE GRACE 91 USUAL RESIDENCE (Where deceosed lived, if insti		TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER 43	12b. KIND OF BUSINESS OR INDUSTRY Home  W.B. ( Hie Fro
1		FATHER'S NAME First Middle  J. William	11414	MOTHER'S MAIDEN NAME First	P.O. Box Middle	Lost
		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown)  (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 17. IN	FORMANT Burleigh Harwa	White ( Address  rd, Aberdeen,	(D) Marvland
		IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)  DUE TO, O  Conditions, if ony, which gove   nise to immediate couse (o).		lenkemia	and the second of the second	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH  MCS
2 Section	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS $2042$	BUTING TO DEATH BUT NOT RELATED TO WHICH OPERATION WAS PERFORMED	THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(o)  20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)  21d. INJURY OCCURRED While Not while of work  22a. I certify that (1) (this hospital) a saw the deceased alive an	A. Month Doy Yeor A. 19 Y (AT HOME, FARM, STREET, FACTORY,) 21f. LOC  ttended the deceased fram	5-15-68, 19, that in (my) (out apinian)	City or Town	County State
1	230.	BURIAL, CREMATION, 23b. DATE	M.D. DEGREE  PLET Jr. M.D.    23c. NAME OF CEMETERY OR C	E ATTENDING PHYS.  22e. ADDRESS  61.7 W. Bel  CREMATORY 23d.	Air Ave. Aberd	(County) (Stote)
	24.		268   Spesutia Cem ring Funeral Home perdeen. Md. 21001	2So. REC'D BY REGI		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the luneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 4 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. VR A S A

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4	R MANAGER	MUNICIPATE TO THE PROPERTY OF THE PARTY OF T

First

DECEASED-NAME (Type ar print)

# MARYLAND STATE DEPARTMENT OF HEALTH

Middle

DIVISION OF VITAL RECORDS, 3

OI W. PRESTON STREET, BALTIN ERTIFICATE OF DEATH	NORE, MAR	RYLAND 21201	07108			
HAWKS	2a. DATE OF	DEATH Manth Day		Year 28	2b. 1	HOUR
S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER	CIAYS	IF UNDER	24 HRS.
February 24.	1900	68 YRS.	MUNITS	WAIS	HOUKS	min
B. MARRIED NEVER MARRIED 9. WIDOWED DIVORCED 9	COUNTY OF	DEATH				М
		(Kind af wark dane life, even if retired.)		KIND OF ISTRY	BUSINESS	OR
13c. CITY OR TOWN   f3d. INSIDE CITY LIMI	13e. STF	REET AND NUMBER				

			^	ITAW	70	MAU	220	68	11 - 19 11
3. SE	X	4. RACE		S. DATE OF BI	RTH	6. AGE (In	1 10013		IF UNDER 24 HRS.
	EMALE	Whit	e	Februa		900 last birth	hday) Manth	IS CAYS	HOURS MIN.
	IRTHPLACE (State or foreign	7b. CITIZEN OF WI	AT COUNTRY? 8.	MARRIED NEVER MAR	RIED 9. COL	INTY OF DEATH			
canu	III) /A	115			CED	HAR FAR	2 1		Md.
10. C	ITY OR TOWN OF DEATH	11. N/	AME OF HOSPITAL OR INSTITU	UTION (If not in haspital	12a. USUAL OCCI	UPATION (Kind of v	vark dane 12	. KIND OF B	
11.	gure de Gr	give s	street address)	Mamagani	during mast af	warking life, even i	f retired.) IN	DUSTRY	
130	USUAL RESIDENCE (Where d		ign: Posidence hefere 13	CITY OF TOWN	f3d, INSIDE CITY LIMITS?	13e. STREET AND N	IIIMRED		
	ssian) STATE ML	13b. COUNTY	1 - 1	huechville	YES NO	Rt 1	TOMBER		
14. F	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MA	AIDEN NAME First		Middle		Last
	James	н. 9	Thomas (D)		Lil	lie	Bare	(D)	
16a.	WAS DECEASED EVER IN U.S.	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT			Address		
1	es, na or unknawn) (If yes	give wall of addes of service)	217-26-740	00-B Jam	es Hawks.	RD. 2,	Aberdeer		Md.
	1B. CAUSE OF DEATH (Ent		ie for (p), (b) and (c).)	00/	7.				ATE INTERVAL
Ы	PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (a)	edreel	2ml	olesm			20	Cays.
	4129		IS A CONSEQUENCE OF		- 0	1-1 .00			
63	Canditians, if any, which g	ave)	( Gronis	o (lune	ulan 9	tolville	Eleni 1	>10	yre.
	rise to immediate couse stating the underlying co	(0),(	AS A CONSEQUENCE OF	1.5	2006	)0	0	(	J rous
	last. 42 2	(c) W	H-5.C	U.D. +	Old To	reumati	- Treat	Disea	>10 year
- / 1	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBU	TING TO DEATH BUT NOT F	RELATED TO THE TERMINA	L DISEASE OR CONDITI	ON GIVEN IN PART 1	I(a) /	1	- V
Z	(DIO mi	mal Pr	Munionil	in DI	Lungy in	relat	lower	llen	9.
ATIO	190. DATE OF OPERATION		ICH OPERATION WAS PERFO	RMED 20a. AUTO	PSY?		FINDINGS CONSIDI	ERED IN CER	FYING
CERTIFICATION		V		YES 🗆	NO 🔀	CAUSES OF DEATHS	?		1
	21a. ACCIDENT WAS UNDE	RLYING 21b. TIME OF	INJURY	21c. HOW INJURY OCC	URRED (Enter nature	e af injury in Part 1	ar Part 2, Item 1	B.)	
MEDICAL	OR CONTRIBUTING CAUSE O		Manth Day Year						
MED	214 INTURY OCCUPPED		AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.	(1) 21f. LOCATION Stree	et ar R.F.D. Na.	City ar Tawn	Car	inty	State
	While Not while at work	_	OFFICE BUILDING, ETC.	/	· ·				
	220. I certify that (I)	(this hospital) atte	ended the deceased	from Day 4	19.68	to MAY	22.1968	, that	(I) (we) last
	saw the decease	ed alive on MA	4 22 191	S, and that in (m	y) (our) opinion	deoth occurred	on the date or	id hour g	nd from the
		oove, (I) (we) (did)	(did not) view the boo	dy ofter death.					
	22b. SIGNATURE	100 0	10/10	ATTENDIN	IG AMED	TAFF	22c. DATE S	IGNER"	100
_		leg za	Colle on	DEGREE PHYS.	DIRECTO	R PHYS.		122	2/65
	22d. PHYSICIAN'S NAME (Type)	Tours do	01	22e. ADD	RESS	e Not	ZARO	1	2
		cougse	- 1-00	, m o	Tuo	cae	Trock	1 bil	a.
23a.	messantias de la la la	23b. DATE		NETERY OR CREMATORY		LOCATION (City of	, ,	unty)	(State) Md.
2.4	BUTTAL "	25 May 196		n Cemetery	25g, REC'D BY REGI		Harford	TIIDE	TIU .
14.	11/11	1 1 Ta	rring Funera	al Home	DATE MAY 2	7 1968	REGISTRAR'S SIGNA	Jus	lge.
10	etale lelecom	un As. Ab	erdeen, Md.	STOOT	DATE INTO	. 1090	//	(/	17

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fart director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pagis should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 haurs after a Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 30M REV, 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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Pages 1 and 2 after death. ours after death. the funeral O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban page shauld be filed with the State Dept. af Health prior ta burial, cremation, or remaval, and in any event, within The state Dept.

VR A15 (4) 30M REV. 1/68

1.	DECEASED-NAME First Middle / Lost / 20. DATE OF DEATH	2b. HOUR:
	(Tuno or print)	yeor 2b. Hours
3. :	S. DAIE OF BIRTH   DRY   SOUTH OF DEATH   D	MONTHS DAYS HOURS MIN
9	WIDOWED DIVORCED Hartord	М
H	laure de DRACE HARLORD Me morial Hop during most of working life, even it retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13d	30. USUAL RESIDENCE (Where deceased lived, if institution: Kesidence before lack country Harford Bel Air 136. CITY OR TOWN Bel Air 1836. STREET AND NUMBER Box 345 RFD	
14.	77	Cluever
16		
	PART I. DEATH WAS CAUSED BY:  1  O Slerio	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH  Gay
ICATION	4201 Maren Dit:	CONSIDERED IN CERTIFYING
	G   OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Dey Yeor   19	Item 18.)
×	While Not write of work Not work	10
	sow the deceosed olive on Maria 1964, and thot in (my) (aur) apinion deoth occurred on the decouses stoted above, (I) (we) (did) (slid not) view the body ofter deoth	ote ond hour ond from th
	Atogal Classing Degree Attending Med. Director Director Phys.	5/12/68
		ace, and
23	PEMOVA (Coorie)	(County) (State)
24	24. FUNERAL DIRECTOR HOWARD K. McComas & Son Abingdon Md	S SIGNATURE (Lungar

TO DEPUTY

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C. willed

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	DECEASED-NAME	First		Middle			Last			TE KNOWN	Manth	Day Year	2b. HOUR
	(Type ar Print)	Walter	Davi	d La	brenz					OF ESTI-	Mar	25 1968	62 M
3.	SEX	4. RACE	S. DATE OF BIRTH	1 6	. AGE (In years	IF UND	ER I YEAR	IF UNDER 24	HRS. 2c. DA	TE PRONOUNCED I	DEAD		2d. DOUR
	Male	White	March 28		last birthday)	MONTHS	DAYS	HOURS	MIN M	onth 25	lay	Year 19 68	
70	. BIRTHPLACE (Stat		b. CITIZEN OF WHAT		-		NEVER MARR	IED 7	COUNTY OF	DEATH	•	17 00	0020
CG	Pittsbur		U.S.			DOWED		CED [		ord Coun	tv.		Md.
10	. CITY OR TOWN O	F DEATH		NE OF HOSPITAL O	OR INSTITUTION	ON (If nat in	n haspital	12a. USU.		ON (Kind of work	done	12b. KIND OF BUS	INESS OR
	Havre de									CHATTS'E		U.S. Gov	rt.
13	odmission) STATS	CE (Where decease	d lived, if instituti   13b. COUNTY   12					INSIDE CITY LIMI	100.0	REET AND NUMBE		Dana	
-				arford		l Air		res No		08 Conow			
14	. FATHER'S NAME	First	Middle		.ast	IS. MOT	HER'S MAIDE		First	Midd		Last	
177		dward	Davig	Labren				Ruth		enrietta		Tripleti	
16	(Yes, no, or unknow	/ER IN U.S. ARMED FO		6b. SOCIAL SECUR						36 ADDRESS			
-	105	MM 4	2 1	17-18-7	970	Mrs.	ruten	He Le	brenz	pel	Alr,	Md. 210	
	18. CAUSE OF	DEATH (Enter only	one cause per line	e for (o), (b), and								APPROXIMATE BETWEEN ONSET	
	PAKI I. L	IMMEDIAT	E CAUSE (a)	STO NA	7- V	000	· la	5/0	1/				
	410	7	DUE TO, OR A	S A CONSEQUENC	E OF								
	Canditians, it o	iny, which gave liate cause (a),	(b)										
		derlying cause	DUE TO, OR A	S A CONSEQUENC	E OF								
	lost.	,	(c)	Sala III									
	PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATE	D TO THE TE	RMINAL DISE	EASE OR COM	IDITION GIVE	N IN PART I(a)			
2	4201												
CEDTIFICATION	19a. DATE OF C	PERATION		9b. CONDITION FO WAS PERFOR.		PERATION						20. AUTOPSY	?
PTIFI								.039				YES 🗆	NO 🔼
		CAUSE WAS R CONTRIBUTING		JURY Month, Doy	, Yeor	21c. HOW	INJURY OCCU	JRRED (Enter	nature of in	jury in Part 1 ar I	Part 2, Iter	m 1B.)	
MEDICAL	CAUSE OF DEAT	H	P.M.	325-1-14	19								
W			ACE OF INJURY (At ary, office building,		eet,	21f. LOCATI	ON Street ar	R.F.D. No.	(	ity or Tawn		County	State
1	AT WORK	AT WORK	,, o	,						1.19			100
	22a. I	certify that I to	ak charge af the	e remains des	ribed aba	ve, held a	n Autaps	sy 🔲,	Inspectio	n 🔀, Inqu	Jiry 🕞	and in m	y apinian
	death re	sulted fram:	Natural cause	s c, Acci	dent [],	Suicide	e 🔲 ,	Hamicide	Un Un	determined m	anner [		
	1000	04	nR	Λ			CHIEF	MEDICAL EX	AMINER [		Se/	Air	WI-
	ACTUAL	Lerned	CUA	lme	~		AD ASSIST	ANT MEDICA	L EXAMINER	22	2b. DATE S		- 01
	EXAMINER'S	C3.3	d D-3	M D			DEPUT	Y MEDICAL E	EXAMINER [	<u> </u>	May	27, 1968	3
	NAME (Type)	Gerald	C. Palme	r, M.D.	Be	l Air	, Mdor	2101	y, tawn, ar	county)			
	3a. BURIAL, CREMA	TION, 23b. I		23c. NAME	OF CEMETER	RY OR CREM	ATORY		23d. LOCAT	ON (City or Tawn		(County) 23	1014
	Burial (Spec	May	28, 1968		ion M					ir, Hari		Co., Md.	
2	4. FUNERAL DIRECT	OR	W. T	Brog dera A	DESS W1	lliam	s Stl	Sa. REC'D B	Y REGISTRAR	25b. REGI	STRAR'S SI	IGNATURE	
1	OBODII MT	lliam For	ster Bel	Air, Ma	rylan	d 210	14	DATE MAY	28	1968 4	Cliar	ces year	

HAT IN LIGHT AND THE WAR AFTER WIND TO SEE A CONTROL OF THE SECOND SECON allowed. Live and 05:33 7. 191 , 32 orn, at. .i.e.u .e einment भूग स्थाली निवास मा ave do me delicione foo Island Infrom moine at a correct of on a miror of the markets of the broken in alaka sidakan dari garana biya baran dari garana dari garan dar Constant Constant Contract of of the property of the second orald 3. kleer, ... el .ir, .u. 27, 168 11:00 descentillian order of the england field

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death

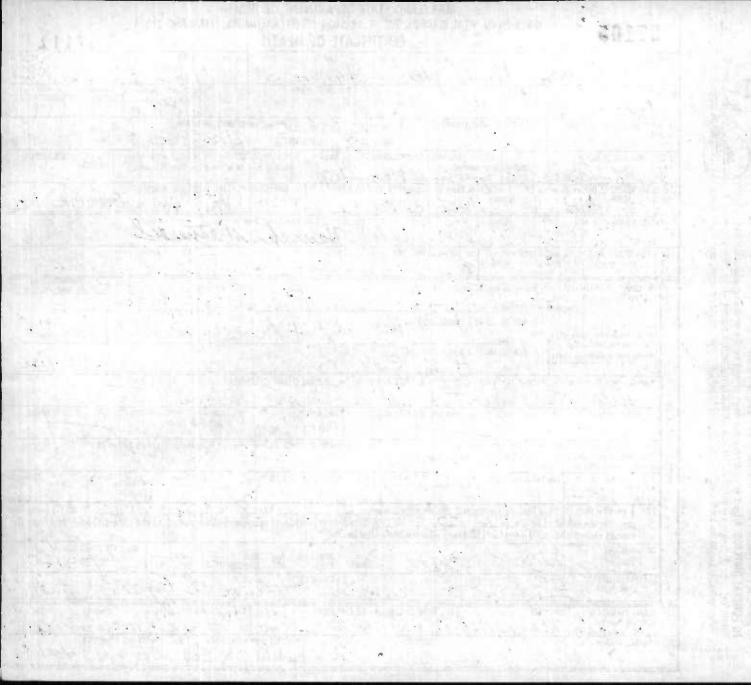
Poge 4 moy be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		06206		CEI	RTIFICATE OF D	PEATH			071.	11
1			irst O	Middle	Last	2a.	DATE OF DEATH	D	V	2b HOLLR
1	(1)	ype ar print)	24 Ten	IN INGTON	MAGNO	250	Manth	2007	Year / 968	8-9/4 M
	3. SE	Female	4. RACE	W	S. DATE OF BIRT	TH	6. AGE (In year	YRS. IF UN		UNDER 24 HRS.
	7a. B	IRTHPLACE (State ar fareign try)	7b. CITIZEN OF V		MARRIED   NEVER MARRI	EU /	HARSORD			Md
,	10. C	ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR INSTITU e street address) HARFORD M	em. Haso.	during mast af v	JPATION (Kind af wark varking life, even if re		b. KIND OF BU IDUSTRY	SINESS OR
		USUAL RESIDENCE (Where dec ssian) STATE	eased lived, if institution 13b. COUNTY	utian: Residence before 130	6 6 4	d. INSIDE CITY LIMITS? YES NO	130 STREET AND NUMI	BER Be	1 Air	142
	14. F	ATHER'S NAME First	her Middle	Kenning.	1s. MOTHER'S MAIL	DEN NAME First	Cetheral	die	_	Last
		was deceased ever in u.s. es, na, ar unknawn) (If yes o	ARMED FORCES?	16b. SOCIAL SECURITY NO.	12 INFORMANT	e John	som By	iress Luc	PILLE	1
		18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAI IMM  Conditions, if any, which go rise to immediate cause (a stating the underlying caulast.	USED BY: EDIATE CAUSE (a)  DUE TO, OR 1),	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	Coursent of arction	+ Acute	za A fa	Pilure	BETWEEN ONSE  6 dl	
	NC	Diabet	to ane	Octus and	Lermin	al 1.	mellmon	~		
-	CERTIFICATION			/HICH OPERATION WAS PERFOI	YES 🗌	NO 🛛	20b. IF YES, WERE FIN CAUSES OF DEATH?			IFYING
	MEDICAL CE	21a. ACCIDENT WAS UNDER!  ☐ OR CONTRIBUTING ☐ CAUSE OF (If either, natify medical ex-	DEATH HOUR A.M.	. Manth Day Year	21c. HOW INJURY OCCU		e af injury in Part 1 or	Part 2, Item	18.)	
	W	While Nat while at wark	21e. PLACE OF INJURY	OFFICE BUILDING, ETC.		ar R.F.D. Na.	City ar Tawn	Co	⊎nty	State
		causes stated ab	alive an_MA	tended the deceased 19 (did nat) view the bac	and that in (my	) (aur) apinian	ta May 23 death occurred an		2	) (we) las d fram the
	0	22b. SIGNATURE	wand	Cleso"	DEGREE PHYS.	DIRECTO	R STAFF PHYS.	22c. DATE	SIGNED /	68
		22d. PHYSICIAN'S NAME (Type)	dwar	d c. Loo,	M. D. 22e. ADDR	Havy	A	race	, N	d.
		REMOVAL (Specify)	Mayn,	968 Mounte	ETERY OR CREMATORY	rlian	LOCATION (City of Tow	Har	fore	(State)
	24.	FUNERAL DIRECTOR	Haves	le Gens	6-101	DATEMAY 2	STRAR / 25b. REGI 8 1968 /	STRAR'S SIGN	ATURE Y	pe.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon sequence of the state Dept. of Health prior to burial, cremation, or removol, and in ony event, within VR A15 (4) 30M REV. 1/68



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospitol or ottending physicion.

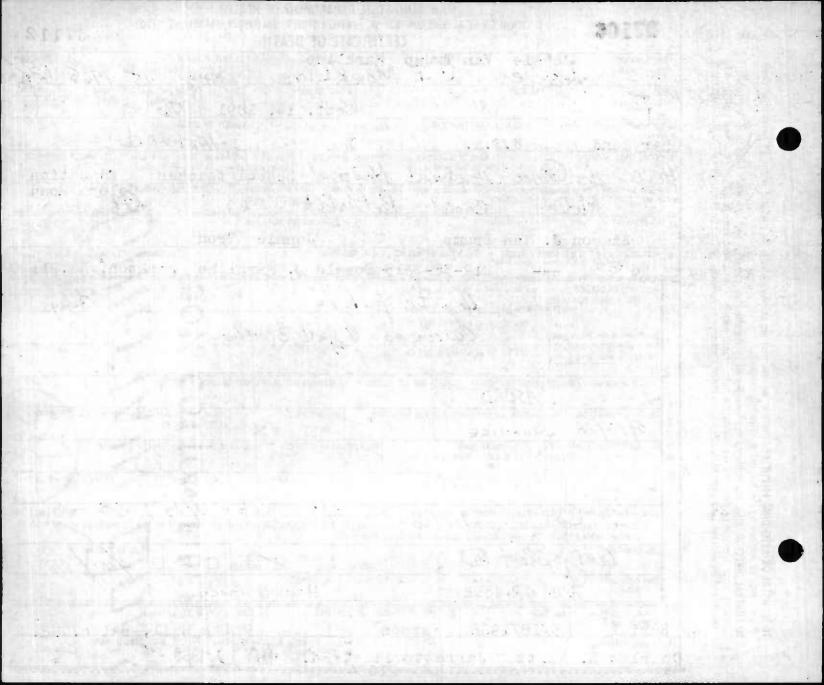
VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers—Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 haurs after death

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTICICATE OF DEATH

5					EKIIFIC	AIE UF DEA	III				L A
	ECEASED-NAME	Jiess	ie Va	n Tramp	Mar	klime .	20.	DATE OF DEATH	inth Day	Van	26. НОЦВ
(1	ype ar print)	Jess	10	V . 1.	MAR	KLINE	>	MAS	1.5	1968	60
3. SE	X		4. RACE	1		S. DATE OF BIRTH		6. AGE	(In years		HOURS MIN.
	1-		W			Sept. 14	, 189	91   "	birthdoy) YRS.	MONINS DATS	HUUKS MIR,
	BIRTHPLACE (State ar f	areign 7b.	CITIZEN OF WHA	T COUNTRY?	8. MARRIED [	NEVER MARRIED	9. <b>COU</b>	INTY OF DEATH	1		
M	laryland		U.S.A	•	WIDOWED [			HAR	ord		M
10.	JTY OR TOWN OF DEA	JH O		ME OF HOSPITAL OR INS	TITUTION (If no			PATION (Kind o		12b. KIND OF B	USINESS OR
H	AURE de	· GRA	ce the	reet address)	Hem	ceial Sc	hool	teach		Educat	
	USUAL RESIDENCE (Whissian) STATE		ived, if institution 13b. COUNTY		Poet A	TOWN 13d. INSID	NO X	13e. STREET AN	D NUMBER	lora F	load
14.	FATHER'S NAME F	irst	Middle	Lost	15	MOTHER'S MAIDEN N	AME First		Middle		Last
	Sime	on F.	Van Tr	ump		Jenn	ie 1	Prout			
160.	WAS DECEASED EVER	IN II C ADMED	EODCECO I	6b. SOCIAL SECURITY	17. 11	IFORMANT			Address		
	res, po, ar unknawn) NO	(If yes give war or	21	2-38-23	15 Do	nald D.	Mark]	line	Parkto		
	18. CAUSE OF DEAT			for, (o), (b), and (c).		,				BETWEEN ONS	ATE INTERVAL SET AND DEATH
	PART I. DEATH	WAS CAUSED BY IMMEDIATE (	CAUSE (o)	le patic	/ail	ure				3de	245
	1560	TIMINED ITTE		A CONSEQUENCE OF	1	10				.0	1
	Conditions, if ony, which gove) (2 Carcino ma of Gall Blackder										
	rise to immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
	lost.	)	(c)							-	
	PART 2. OTHER SIGN	IFICANT CONDITI	IONS CONTRIBUTI	NG TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEAS	SE OR CONDITI	ON GIVEN IN PAI	RT 1(a)		6.0
N	1551	/	4SCVD								
CATIC	190. DATE OF OPERATION		1 -	H OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b. IF YES, WI	ERE FINDINGS CO	INSIDERED IN CER	TIFYING
CERTIFICATION	2/16/6		undict	6		YES 🗀 I	NO 🔀	CAUSES OF DEA	41111		
	21a. ACCIDENT WAS		21b. TIME OF HOUR A.M.	INJURY Manth Day Yeor	21c. HC	W INJURY OCCURRED	(Enter noture	e of injury in Pa	rt 1 ar Port 2, It	tem 18.)	
MEDICAL	(If either, notify med	dicol exominer)	P.M.	19				- 17			
ME	21d. INJURY OCCURR While Nat while at work	ED 21e. PLA	CE OF INJURY (	AT HOME, FARM, STREET, FAC DEFICE BUILDING, ETC.	TORY.) 21f. LO	CATION Street or R.F	.D. Na.	City ar Taw	n	Caunty	State
	22a. I certify th	at (I) (this h	naspital) atter	ded the decease	ed fram		19.68,		5_, 190	o8 , that	(I) (we) la:
	saw the de	ceased alive	an	115/681	9, ond	that in (my) (ou	r) opinion (	deoth occurre	ed on the dat	te and haur a	nd fram th
	22b. SIGNATURE	ed above, (I	) (we) (did) (	old not Vview the	body after o	earn.			20. 0	ATE-SIGNED /	
	Cen	Sup	leit M	0	DEGR	11113.	MED. DIRECTO	R STAFF		_/ _/	8
,	22d. PHYSICIAN'S NAME (Type)	A. W.	G-RIGOL	217		22e. ADDRESS	ide G	ndce		/	
	BURIAL, CREMATION,	23b. DATE		23c. NAME OF	CEMETERY OR	CREMATORY	23d.	LOCATION (City	ar Town)	(County)	(Stote)
	REMOVAL (Specify)	5/1	18/1968		ion			ite Ha		alto.	Md.
	FUNERAL DIRECTOR	TF		ADDRESS			EC'D BY REGI		b. REGISTRAR'S	SIGNATURE CO	del
J'r.	arles E	. Kur	tz J	arretts	VILLE	, Md DATE	MAY ]	17 1968	1	-	0
					ZIVO	+					



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEP 1. DECEASED-NAME 2a. DATE KNOWN Emory Year (Type or Print) Page DEATH MATED IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 4. RACE pub 4 July 1890 61 7o. BIRTHPLACE (State or foreign MARRIED PATHEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH farwarded to the Chief Medical Examiner's Office along with farm Maryland U.S.A. WIDDWED DIVDRCED Give Pages land 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 24 haurs after death 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Carpenter 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CHY LIMITS? 13b. COUNTYHarford Churchville YES NO X Route #1. Box 62 Item 18. after Middle Last 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Samuel Bryson Mitchell (D) 1.0 6.10 Alice Wakeland hours pages \_= 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** pencil (Yes, na, ar unknawn) (If yes give war or dates af service) 216-09-7958 Mrs. Isabel H. Mitchell. Churchville. .⊆ within be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (a), certificate shauld writing the ward stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 OS 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO NO 4 should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year ZIc. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 0 PRIMARY OR CONTRIBUTING EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, form, street, City or Town County Stote may be retained far your FUNERAL DIRECTOR: Page AT WORK NOT WHILE foctory, office building, etc.) burial, 22a. I certify that I took charge af the remains described above, held an Autopsy . Inspection 🔀 and in my opinion the funeral director. Accident Suicide death resulted fram: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER O DEPUTY Health ADDRESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Churchville Presbyterian 9 May 1968 Churchville. Tarring Funeral Home Aberdeen, Md. 21001 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

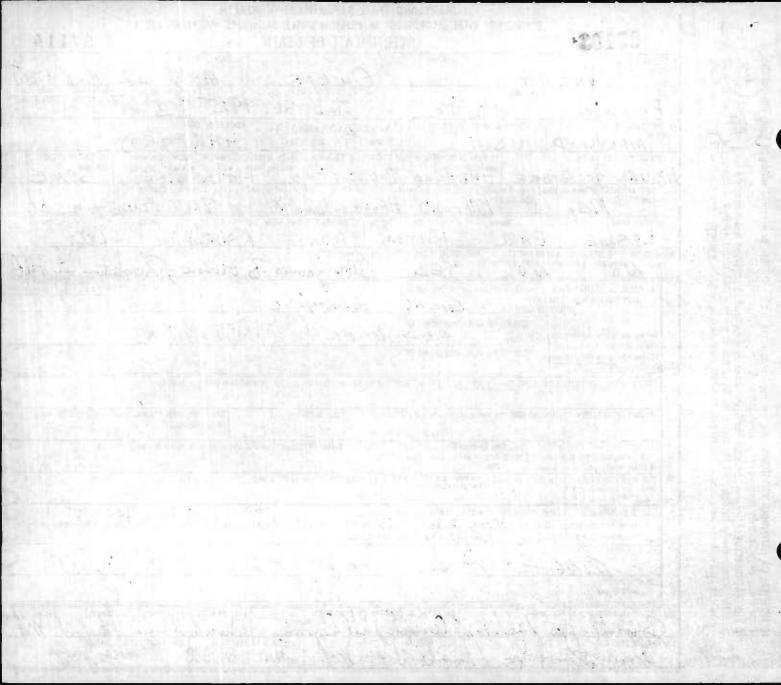
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or print) 3. SEX S DATE OF BIRTH IF UNDER 1 YEAR MONTHS 26 emale 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 🗌 9. COUNTY OF DEATH WIDOWED [ DIVORCED [ and campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) -OUSEWIFE event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b COUNTY and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Lost ILTON ANNIE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) the attending passit permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY: OL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been Health priar ta the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ds CAUSES OF DEATH? YES 🗌 NO [ 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year of (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at work of wark causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS director, po NAME (Type) 23a. BURIAL, CREMATION REMOVAL (Specify) 23b. DATE 23d., LOCATION (City or Tawn) FUNERAL DIRECTOR 25b.

requires that the death certificate be executed within 24 hours attending physician ATTENDING PHYSICIAN: by the hospital be retained VR A15 (4)

30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07115 2o. DATE OF DEATH DECEASED-NAME Middle 2b. HOUR (Type or print) 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS 3. SEX -DAYS lost birthdoy) MONTHS HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [ DIVORCED [ . NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH INDUSTRY give street address) during most of working (ife, even if retired.) 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE 13b. COUNTY 14. FATHER'S NAME Lost MOTHER'S MAIDEN NAME First SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Y po, or unknown) (If yes give war or dates of service) Unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES 📑 NO S 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at work 1968, ta 5 22a. I certify that (I) (this haspital) attended the deceased fram \_1965, and that in (my) (aur) apinian death accurred an the date and have and fram the saw the deceased alive an 5causes stated abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) CK 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION. 23b. DATE BEMOVAL (Specify)

erriville.

256. REGISTRAR'S SIGNATURE

1968

Charles

2Sq. REG'D BY REGISTRAR

DATE

as the prior tal has been Health p TO FUNERAL DIRECTOR: After this certificate for be retained by the hospital 10 detached State Dept. pe shauld 3 director, page 3 should be filed v

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

Patterson &

death

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and in any

ar remayal. attending p

burial, crematian,

signed by the burial-transit p

please physician

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law requires that the death certificate be executed within 24 haurs after death

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERT	TIFICA	TE OF	DEATH	

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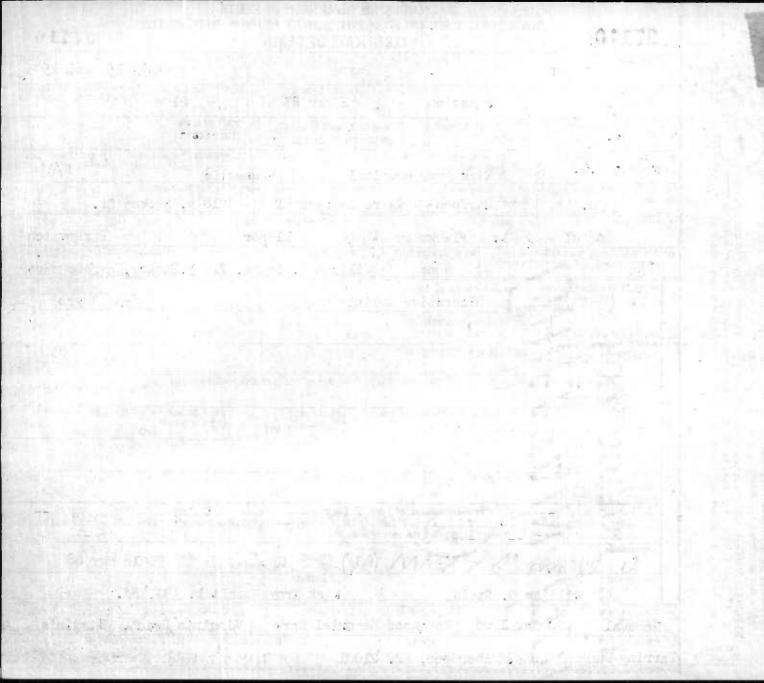
06230		CERT	IFICALE OF DEALF	1		V.					
1. DECEASED-NAME (Type or print) Su	First San	Middle A •	Payne lost	2a. DATE OF D	Month May Day	18 Yea68	25, HOUR 1505				
3. SEX Female		casion	S. DATE OF BIRTH 2 Mar 17	6	. AGE (In yeors la⊋ pirthdoγ) YRS.	MONTHS DAYS	HOURS MIN.				
7o. BIRTHPLACE (State ar fare country) Pa	gn 7b. CITIZEN OF WHA USA	- munic	RRIED 🛣 NEVER MARRIED 🗌	9. COUNTY OF DE Harfo			M				
10. CITY OR TOWN OF DEATH Aberdeen P.G.	give st	ME OF HOSPITAL OR INSTITUTIO reet address) rk Army Hospi	ital during	SUAL OCCUPATION (K most af working lif ousewife		12b. KIND OF INDUSTRY	BUSINESS OR VA				
13a. USUAL RESIDENCE (Where odmissian) STATE Md.	deceased lived, if institution 13b. COUNTY.	n: Residence before 13c. Cl rford Havi	TY OR TOWN 13d. INSIDE CI		T AND NUMBER  N. Stokes	St.					
14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAM		Middle	70 -1	Lost				
Darre		Blackmore	Ele	nor		Burko	vitch				
16a. WAS DECEASED EVER IN ( Yes, no or unknown)	J.S. ARMED FORCES? yes give war or dates of service)	16b. SOCIAL SECURITY NO. None	Wilford D. Pa	wne 718	Address	HaureDe	Md.				
			WILLOID D. Ta	yrie, ITO	M.DUORES,	APPROXU	MATE INTERVAL				
PART I. DEATH WAS		lcerative Co.	litie			3 yr	INSET AND DEATH				
5/2/	IMMEDIATE CAUSE (d)		LLUIS			7 91	J				
Conditions if any which	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave)										
rise to immediate couse (a), (b)											
stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
last.	) (c)	NO TO DESTRUCT NOT DELL	Ten To Tue Tenninal Dictate	OR COMPLETION CHIEFLY	AL DART 1/ 1						
Prognan		NG TO DEATH BUT NOT KELA	TED TO THE TERMINAL DISEASE (	JK CONDITION GIVEN I	N PAKI I(d)						
190. DATE OF OPERATION  1965  21d. ACCIDENT WAS UN	4	H OPERATION WAS PERFORME	D 20o. AUTOPSY?		ES, WERE FINDINGS CO	ONSIDERED IN CE	ERTIFYING				
1965	Ulcerative	Colitis	YES X NO	CAUSES O	F DEATH? NO						
21a. ACCIDENT WAS UN			21c. HOW INJURY OCCURRED (E	nter nature of injury	in Part 1 ar Port 2, I	Item 18.)					
OR CONTRIBUTING CAU		Manth Day Year									
21d. INJURY OCCURRED While Not while	21 - DIACE OF INITION /	AT HOME, FARM, STREET, FACTORY, ) 2 OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D.	Na. City or	Town	Caunty	State				
at wark of work											
22a. I certify that saw the decec causes stated	(I) (t <del>his hospit</del> al) atter ised alive an <u>18 Ma</u> abave, (I) (w <u>e</u> ) (did) (i	nded the deceased from 19 <u>68</u> did not) view the body a	m <u>7 May</u> , 19 ., and that in (my) ( <del>out</del> ) of fter death.	9 <u>68</u> , ta <u>18</u> apinian death ac	May, 19 curred on the da	68_, that te and haur	(I) <del>(we</del> ) la and fram th				
22b. SIGNATURE	Sel ma	1, Mist	ATTENDING PHYS.	MED. DIRECTOR		DATE SIGNED May 68					
22d. PHYSICIAN'S NAME (Type)	illiam G. St	ein	22e. ADDRESS Kirk Army	Hospital	, APG, Md	•					
23a. BURIAL, CREMATION,	23b. DATE 20 May 1968	23c. NAME OF CEMETER Rosewood 1	y or crematory Memorial Park	Virgin	(City or Town) ia Beach,	(County) Virgi	(Stote) inia				
24. FUNERAL DIRECTOR		ADDRESS	2Sa. REC'	D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE					

DATE

death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in but the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban tappers, Poseshauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs at **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

Tarring Funeral Home, Aberdeen, Md. 21001



CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED-NAME First Lost 2b. HOUR (Type or print) DATE OF BIRTH 6/ AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE IF UNDER 24 HRS. last birthday) MONTHS YRS 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If nat in hospital BUSINESS OR during most of warking life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost 166 SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown (If yes give war as dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a),/(b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 4-1:05 C/1-54.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. County State City or Town While Not while at work 220. I certify that (1) (this hospital) attended the deceased from Jone 3 1948 to MAY saw the deceased alive on MAY 27 \_19 68, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the body ofter death. 22b. SISNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE (County) REMOVAL (Specify) 250. REC'D BY REGISTRAR FUNERAL DIRECTOR

lled in within remove carbon physicion and completely event, requires that the death certificate be executed and in ony pleose removol, 5 cremotion, burial-transit þ signed ! buriol. ottending p as the has been for use Heolth use this certificate by the hospitol or be detoched O FUNERAL DIRECTOR: After should be retoined director, poge 3 should be filed v

VR A15 (4) 30M REV. 1/68

Pa to the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

IF LINDER I YEAR

**INDUSTRY** 

County

22c. DATE SIGNED

(County)

, 19 6 8 , that (I) (we) lost

MONTHS

2a. DATE OF DEATH DECEASED-NAME First Middle Lost and 2 death. (Type or print) EAR YONE 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country), WIDOWED | DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH give street oddress) during mast of working life, ever if retired.) carban 3 HOUSE INL 13e. STREET AND NUMBER event, 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? admission) 13b. COUNTY & YES and in any 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle First Middle Last and lease 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANJ Address Yes, no, or inknown) "(II yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 Health NO T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached for State Dept. af H (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 12 deceased, 1968, to 12 deceased sow the deceosed glive on Branch 9, 19 198 and that in (my) (our) opinion death occurred on the date and hour and from the directar, page 3 shauld shauld be filed with the causes stoted above, (1) (we) (did) (end nat) view the body ofter death. 225 SIGNATURE ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS. PHYSICIAN' 22e. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION\_(City or Town) 23g. BURIAL CREMATION. 23b. DATE 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

law requires that the death certificate be executed within 24 hours after death

2b. HOUR

IE LINDER 24 HRS

HOURS

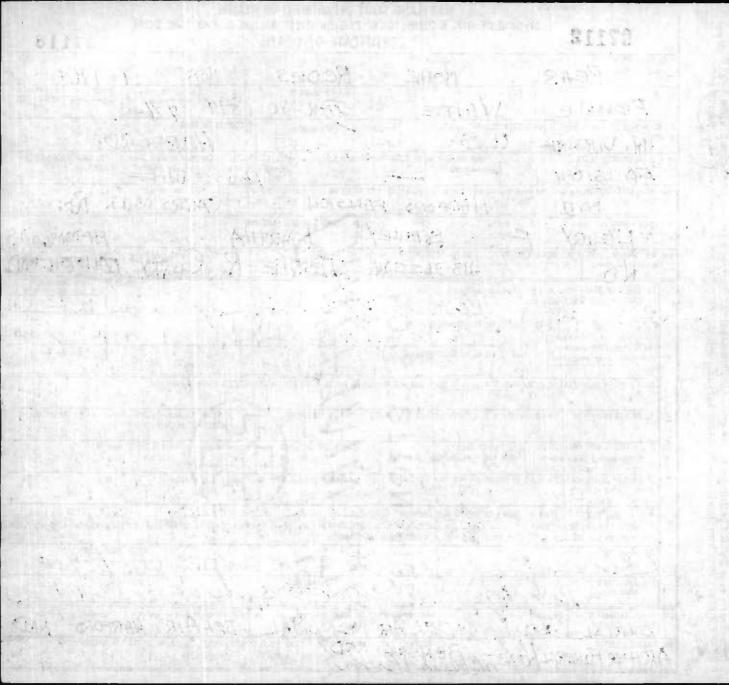
12b. KIND OF BUSINESS OR

APPROXIMATE INTERVA

BETWEEN ONSET AND DEATH

State

(State)



	07777	DIVISION OF					MUKE, MAI	CILAND ZIZUI		711	19
	Type or print)	11	Middle ry Ropka		Last	5	2a. DATE OF		y 7 Yea	168	2b. HOUR
3. S	male	4. RACE	lite			1885		6. AGE (In years last birthday)  82 YRS.			URS MIN.
COU	ntry) MD.	215	A	WIDOWI	D DIVOR	ED 🗌	HARI	CORD			M
(Type or print)  3. SEX  4. RACE  5. DATE OF BIRTH  Toly 4, 1885  70. BIRTHPLACE (Stote or foreign country)  10. CITY OR TOWN OF DEATH  HARLOG HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  120. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where deceased lived, if institution-Residence before lack country)  130. USUAL RESIDENCE (Where de		Y									
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				a	is. Motiles of the					Swin	
						. Ropk	a, Rt			pa,	
	PART I. DEATH WAS CAUSE IMMEDI  Conditions, if any, which gave	DUE TO, OR A	ande	ae	Dec	20mp	lnsa	león		PROXIMATE FEN ONSET	
	stating the underlying couse DUE TO, OR AS A CONSCOUENCE OF										
N	Angua auti										
RTIFICATIO	19a. DATE OF OPERATION 19b		CH OPERATION WAS PER	FORMED			CALISES		ONSIDERED	IN CERTII	FYING
AEDICAL CER	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	Manth Day Year			_	nature of inju	ry in Part 1 or Part 2,	Item 1B.)		

O FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled in by the director, page 3 should be detoched for use as the buriol-transit permit. Then pleose remove corbon papers. Page should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours of O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, physicion. Poge 4 moy be retoined by the hospital ar ottending VR A15 30M REV. 168

220. PHYSICIAN'S NAME (Type)

230. BURIAL, CREMATION

22b. SIGNATURE

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Cokesbury

OFFICE BUILDING, ETC

causes stated above, (1) (we) (did) (did not) view the bady after death.

23d. LOCATION (City of Town)
Abingdon

STAFF PHYS.

(County) Harfo

on the date and hayr and fram the

(State)

REMOVAL (Specify) FUNERAL DIRECTOR

While

at wark

Nat while

saw the deceased alive

McComas & Son, Abingdon, Md.

22a. I certify that (I) (this haspital) attended the deceased

1968 DATE

MED. DIRECTOR

and that in (my) (aur) apinian death accurred

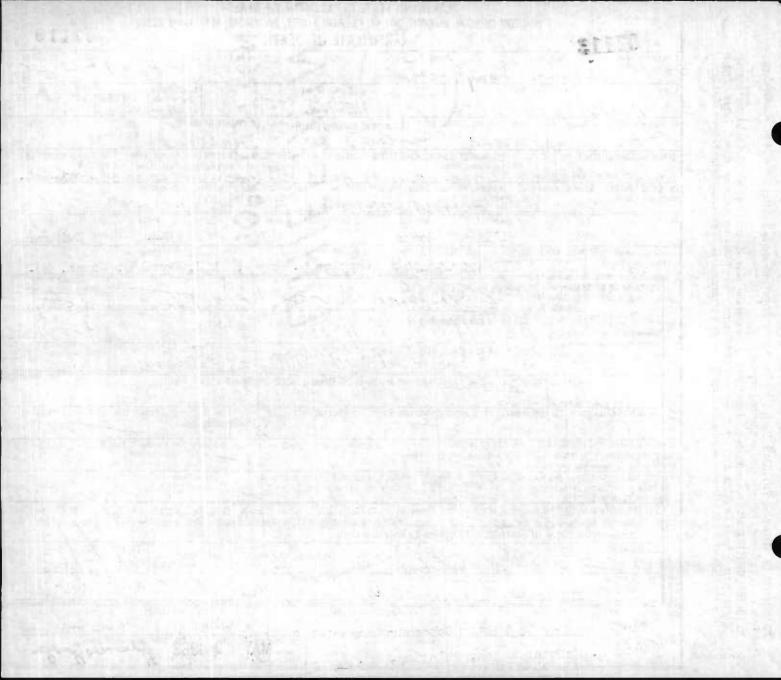
ATTENDING PHYS.

22e. ADDRESS

DEGREE

REGISTRAD'S SIGNATURE

22c. DATE SIGNED

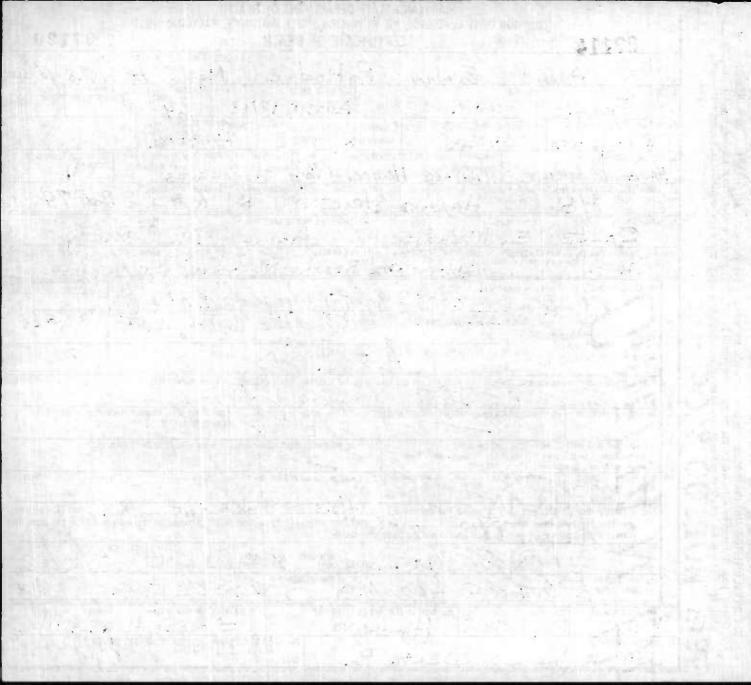


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

<b>DSPITAL OR ATTENDING PHYSICIAN:</b> The law requires that the death certificate be executed within 24 hours after death.		NERAL DIRECTOR: After this certificate has been signed by the attending physician and canaletel willed in the funeral	and 2	death.
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requi	4 may be retained by the hospital ar attending physician.	sign	bur	bur
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VR A15 (4) 30M REV. 1768

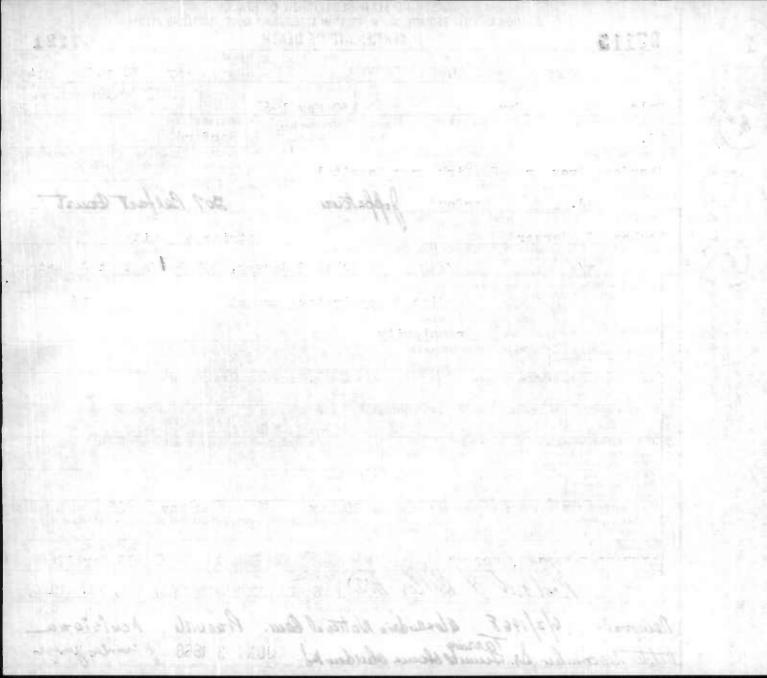
	07114 CERTIFICATE	OF DEATH	37120
	The state of the s	ost 20. DATE OF DEATH	2b. HOUR
(1	(Type or print) Annie Erelyn Rut	Tase May Month 100	14 1968 105/4M
3. SI		TE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		uc. 11, 1898 lost birthdoy) YRS.	MONTHS DAYS HOURS MIN.
70.	BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NE	VER MARRIED 9. COUNTY OF DEATH	
(001	MARYLAND U.S.A. WIDOWED	DIVORCED HARford	Md.
10. 6	CITY OR TOWN OF DEATH  HAVE DE GRACE  11. NAME OF HOSPITAL OR INSTITUTION (If not in hogy a street address)  HAVE DE GRACE  HA	I during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN inssion) STATE 13b. COUNTY HARROWN STATE	13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Box 74
14.	FATHER'S NAME First Middle Lost IS. MOTI	HER'S MAIDEN NAME First Middle	Lost
	CALEB E, MERRICK	ANNIE M. T	RILEY
160	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORM		
1	Yes, no a unknown) (If yes give wor or dates of service) IIQ-14-3303 Ro	BERT RUTLEDGE, STRE	
	18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  **TOTAL OF THE PROPERTY OF THE PR	O Anyocardia O infa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony/which gove	article Decompensal	in 3 weeks.
	rise to immediate couse (o), (b) Stoting the underlying couse (DUE TO, OR AS A CONSEQUENCE OF	0.1/	2
	lost. 4201 (c) H. S. (	W. D.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
×	Extensive interstitial pula	ionary tibrosis.	
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20	Oo. AUTOPSY?   20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
CERT	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJ	IURY OCCURRED (Enter noture of injury in Port 1 or Port 2,	Item 18)
MEDICAL		(and thousand of injury in roll of a roll of	
MEC	21d. INJURY OCCURRED While of work of work of work	N Street or R.F.D. No. City or Town	County Stote
	22a. I certify that (I) (this haspital) attended the deceased from 4/2	19 68, to 5/15 19	A that (1) (we) last
	saw the deceased alive an	t in (my) (aur) apinian death accurred an the d	
		ATTENDING MED. STAFF 22c.	DATE SIGNED 5/5/68
	22d. PHYSICIAN'S NAME (Type) Edward C. LOO, M.D.	22e. ADDRESS Havre de Gra	ace, Md.
23a	DEMOVAL Specify 23b. DATE 23c. NAME OF CEMETERY OR CREMI		(County) (State)
24.	. FUNERAL DIRECTOR ADDRESS	250. RECT ANARGUSTRAR 19 636. REGISTRAR	
1	JOHN H. HARKINS, DELTA, PA.	DATE MAI 20 1900	and I want



MARYLAND STATE DEPARTMENT OF HEALTH

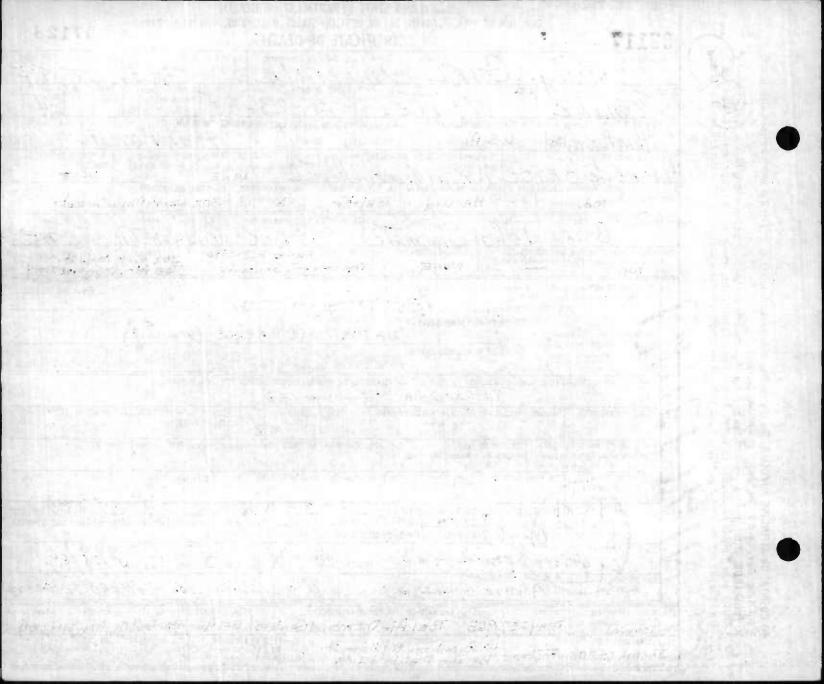
	07115		DIAIZIO	N OF VII	AL RECORDS		CATE OF		IIMUKE	, MAK	YLANU ZI	201	07	121
	DECEASED-NAME	First			Middle		Last	M	2a. D	DATE OF I		Desi	V	2b. HOUR
	Type or print)	MARK			ALAN	SARVI	ER				Mayth	30	1968	0145 M
3. 5	SEX		4. RACE	-	3717		5. DATE OF	BIRTH			6. AGE (In yo	eors	IF UNDER 1 YEAR MONTHS   DAYS	IF UNOER 24 HRS. HOURS MIN.
	Male		Car	u		39.0	30 Ma	ay 1968	8			YRS.	MUNINS DATS	28
70. cou	BIRTHPLACE (State of	foreign	76. CITIZEN US		OUNTRY?	8. MARRIE WIDOWE	D NEVER MA		9. COU	nty of i				Md
10.	CITY OR TOWN OF DI	ATH			OF HOSPITAL OR II	NSTITUTION (I	nat in haspital	12a. USU	JAL OCCU	PATION	Kind af wor	k done		BUSINESS OR
	Aberdeen	Prov	Gr	give street	irk Arr	ny Hos	spital	during n	nost of W	orking li	fe, even if r	etired.)	INDUSTRY N A	
	. USUAL RESIDENCE (Notes in the control of the cont	Where deceas	ed lived, if i 13b. COL	institution: JNTY Har	Residence before	Jeph B	e tour	13d. INSIDE CITY YES N	LIMITS?	13e. STR	EET AND NUM	ABER Fact	- Bour	1
14.	FATHER'S NAME	First		ddle	Lost	1111	IS. MOTHER'S	MAIDEN NAME	First		4	liddle		Lost
	Reuben	J Sar	ver			V		1	Patr	ina	D Sn	nith		
	. WAS DECEASED EVE				. SOCIAL SECURITY	NO. 17	. INFORMANT				Ac	dress		
	Yes, na, ar unknawn)	A	ai oi dales di sei	vice)	N/A	I	Reuben	J Sarv	ver,	307	Bei f	ast		ppatown
	18. CAUSE OF DEA			per line fa	r (a), (b), and (a	:).)							APPROXI BETWEEN (	IMATE INTERVAL MO ONSET AND DEATH
	PART I. DEATH		BY: TE CAUSE (a	C	ardiac	& Res	spirato	ory Ari	rest				11/2	
	776	2			CONSEQUENCE OF	F								
	Canditians, if any,		(1-	P	rematur	rity								
3	rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF													
10	last.	)	(	(c)										
	PART 2. OTHER SIG	NIFICANT CON	IDITIONS COL	NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMIN	IAL DISEASE OR	CONDITIO	ON GIVEN	IN PART 1(o	)		
2	7735													
CERTIFICATION	19a. DATE OF OPERA	TION 19b.	CONDITION F	OR WHICH C	PERATION WAS P	PERFORMED	20a. AU		XI .		YES, WERE FIF OF DEATH?	NDINGS CO	ONSIDERED IN C	ERTIFYING
			- 2.00	TIME OF INJ			HOW INJURY O	CCURRED (Ent	er noture	of injury	in Part 1 or	Port 2, I	tem 18.)	
MEDICAL	OR CONTRIBUTING [			R A.M. M P.M.	onth Day Yeo	r 19								
ME	21d. INJURY OCCU While Nat whi at work at wor	RRED 21e.		JURY (AT H	IOME, FARM, STREET, F. CE BUILOING, ETC.		LOCATION 5tr	eet ar R.F.D. N	0.	City	or Town		County	State
-	22a. I certify	leceased a	live an			19 0	nd that in (	r, 19 <u>6</u> my) (our) ap	58_, pinian d	ta_30 leath a	May	, 19£ the do	te ond hour	t (K) (we) las and fram the
		ated above	, (I) (we)	(did) (did	nat) view the	e bady afte	r death.					00.1	DATE CIONED	
	22b. SIGNATURE	II IITT	#ED	CIDE	N/C	Dr	ATTEND	ING 🔀	MED.		STAFF		DATE SIGNED  May	1068
		H HEX	LER,	CPT	11/1	DE	GREE PHYS.		DIRECTOR	\ L_J	PHYS.	1 /	J May	1900
	22d. PHYSICIAN'S NAME (Type)	Ken	reard	1 H	Alle	r M	US	KIRK A					, Md.	21005
230	REMOVAL (Specify)	23b.	2/146	8	ELEXAU	dria l	or CREMATORY	Paul.	23d.	TO L	Ville		(County)	(State)
24.	FUNERAL DIRECTOR	1	10.	Toon	ADDRES	5		25o. REC'D		TRAR	25b. REC		SIGNATURE .	
1	totales aine	mule	· As.	Tun	il blow	ue ale	udow ke	DATE JL	JN	3 1	968	file	was for	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 30M REV. 1/68



VR A15ME (5)

24. FUNERAY DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECOR

)S,	301	W.	<b>PRESTON</b>	STREET,	BALTIMORE,	MARYLAND	21201	
-	CFR	TIF	ICATE C	F DEA	TH			J

7124

	57118		CERTII	FICATE OF DEATH		37124		
	ECEASED-NAME Type or print)	First Pas u	Middle	Silver	2a. DATE OF DEATH Manth 5 Da	14 7 Year 68 628m		
. SE	EX	4. RACE	W	S. DATE OF BIRTH Oct. 27, 189	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN		
our	BIRTHPLACE (State or foreign	4.	SA WIDOW	VED DIVORCED DIVORCED	COUNTY OF DEATH	ford Md.		
F	TOUTE OF	Great give street	tastord 1	Vernoria Hous		12b. KIND OF BUSINESS OR INDUSTRY		
dm	issian) STATE	deceased lived, if institution, F	esidence before 13c. CITY	OR TOWN 13d. INSIDE CITY EIMIT	1010/V/o	rrison Blod		
6a.	FATHER'S NAME First  . WAS DECEASED EVER IN U (es, na, ar unknawn)   (if ye	Middle  5. ARMED FORCES? 16b. 16b.	SOCIAL SECURITY NO.	15. MOTHER'S MAIDEN NAME First	acah Address	Star Route		
	PART I. DEATH WAS	DUE TO, OR AS A (gave) (b)	COLLE OF	any orm	pis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Zhas		
~	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)			
RTIFICATIO	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING		
MEDICAL CE	21a. ACCIDENT WAS UNDI	OF DEATH HOUR A.M. More segminer) P.M.	onth Day Year	c. HOW INJURY OCCURRED (Enter note of the control o	ature af injury in Part 1 ar Part 2, City ar Tawn	County State		
	22a. I certify that (I	ed alive an 17 bave, (1) (we) (did) (did	nat) view the bady aft	DEGREE ATTENDING MED DIRE  222-ADDRESS	ctor   STAFF   22c.	ate and haur and fram the DATE SIGNED  5 / 8 / 6 8		
	BURIAL CREMATION, PEMOVAL (Specify)	23b. DATE MAY 10, 1968	23c. NAME OF CEMETERY  HARMONY  ADDRESS	Pres. Ch. gard	23d. LOCATION (City or Town)  Author  REGISTRAR  L256 REGISTRAR	(County) (State)		
7	- Wiadison	Mitchell	Havre de Li	2So. REC'D BY	Y.1 3 1968	Clantes Judge		

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in, by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Behauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hau

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06213	CERTIFIC	CATE OF DEATH		57125
1. DECEASED-NAME (Type or print) Lola	May S	Last IMMENS	20. DATE OF DEATH  Month  Day	60 6 AN
JEMALE 4. RACE Whi	TE	s. Date of Birth 23 March		F UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or fareign Country)  WEST VIRGINIA  COUNTRY	5A WIDOWED	DIVORCED	9. COUNTY OF DEATH HARFORD	Md
HAURE OF GRACE Gives	ME OF HOSPITAL OR INSTITUTION (If the transport of the most of the	Rial Hasp	L OCCUPATION (Kind of work done ost of working life, even if retired.) HOUSEWIIE	12b. KIND OF BUSINESS OR INDUSTRY Home
13o. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE 13b. COUNTY	an: Residence before 13c. CITY Of	R TOWN 184 INSIDE CHY LII  POR YES NO	() 1	A. Blud.
14. FATHER'S NAME First Middle Herman H.	Rheem (D)	S. MOTHER'S MAIDEN NAME FI		Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war or dates of service)	076 26 CRTE	INFORMANT  Goldie S. McG	Address rady, Aberdeen,	
18. CAUSE OF DEATH (Enter anly one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c))	sent fails	ien night	BETWEEN ONSET AND DEATH  3 CC
Canditions, if any, which gove	S A CONSEQUENCE OF SA CONSEQUENCE OF	and clin	we bru clutes	> 10 4/2
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE STATE OF OFFICE AND AND THE STATE OF OFFICE OFF		TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(o)	ONCORPED IN CERTIFICA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. STUDY **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon paper shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 Page 4 may be retained by the haspital ar attending physician

the funera

CERTIFICAL

OR CONTRIBUTING CAUSE OF DEATH

21d. INJURY OCCURRED

While Nat while at wark

at work

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION REMOVAL (Specify)
Burial

24. FUNERAL DIRECTOR

(If either, natify medical examiner)

saw the deceased olive on

B.J.

Funeral

23b. DATE

HOUR A.M

21e. PLACE OF INJURY

22a. I certify that (1) (this hospital) attended the deceosed from

P.M

couses stoted above, (I) (we) (did) (did not) view the body ofter deoth

Plunkett

May-1968

Day

AT HOME, FARM, STREET, FACTORY,

VR A15 (4) 30M REV. 1/68 NAME OF CEMETERY OR CREMATORY

22e. ADDRESS Aberdeen

NO X

Street or R.F.D. No.

YES 21c. HOW INJURY OCCURRED

ATTENDING PHYS.

Maryland 23d. LOCATION (City or Town)

(County) (Stote) Md.

State

Jarrettsville (Harford 25b. REGISTRAR'S SIGNATUR

Jarrettsville Cemetery
ADDRESS 2Sa. REC'D BY REGISTRAR

CAUSES OF DEATH?

City or Town

ond that in (my) (our) apinian death accurred on the date and hour and fram the

STAFF PHYS.

(Enter nature of injury in Part 1 or Part 2, Item 18.)

Home, Aberdeen, Md. 21001

21f. LOCATION

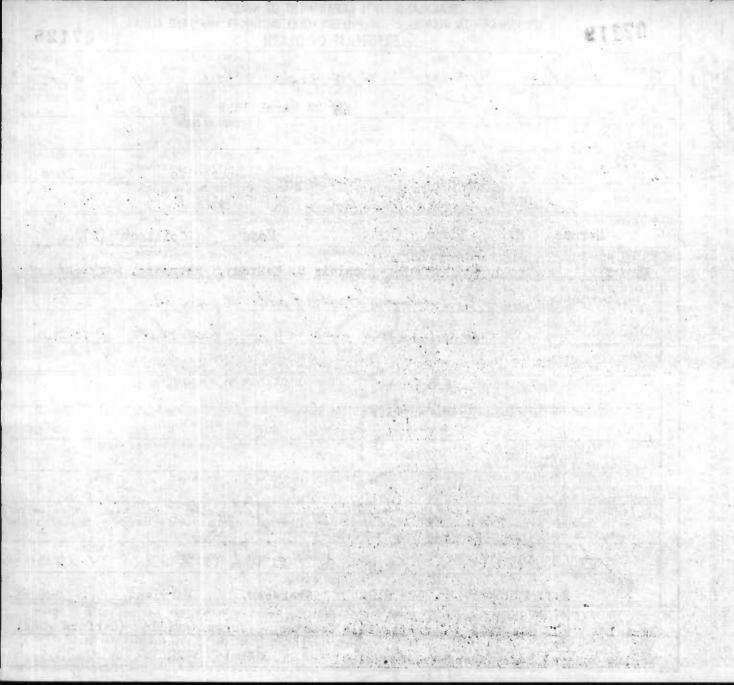
DEGREE

1968

MED. DIRECTOR

County

22c. DATE SIGNED



REGISTRAR'S SIGNATURE

2Sb.

1988

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages should be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs at

24.

30M REV

EUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	07126
07120 CERTIFICATE OF DEATH	31120
1. DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type or print) Elijah Smith Month	Day 1968 2:10 M
	IF UNDER † YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN  27
7a. BIRTHPLACE (State or foreign Country)   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWED   DIVORCED   HARFOT	RD Md.
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retire defines)  120. USUAL OCCUPATION (Kind of work do during most of working life, even if retire during most of working life, even life, and life during most of working life, even life, and life during most of working life, even life,	Rewis St.
14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Smith no Keesel	e Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or ynknown) (If yes give war ar dates of service) 212-18-7870 Mr. Eugene Smith	
18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (g)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause  (b)  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  WEELE
stating the underlying cause (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
4 2 2 7	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  20b. IF YES, WERE FINDIN CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
G (If either, notify medical examiner)  HOUR AM Month Day Yeor P.M.  19	1 2, Item 18.)
While Nat while at work of work	County Stote
22a. I certify that (I) (this haspitely attended the deceased from fluid 22, 1908, to May 29, saw the deceased alive on fluid 29, and that in (my) (aur) apinian death accurred and the causes stated above, (I) (we) (did) (die nat) view the bady after death.	1
Huged Cloom Degree PHYS. MED. DIRECTOR DIRECTOR PHYS.	22c. DATE SIGNED
122d. PHYSICIAN'S NAME (Type) Edward C. Loo, M. D. 122e. ADDRESS Havre de Gra	ace, and.
23a. BURIAL, CREMATION, SEMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)  Burial, CREMATORY 23d. LOCATION (City of Town)  Burial, CREMATORY 23d. LOCATION (City of Town)	Harford Md.

2So.

REC'D BY REGISTRAR

ADDRESS

THE TO BE ADDRESS.

THE RESERVE TO A STATE OF THE S

of the second of the second of the second

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

KESTON STREET, DALITHORE, MAKIEM	
CATE OF DEATH	0712

	CENTIL	ICAIL	OI DEATH							
	CEASED-NAME First Middle roe or print) V J	Lo	ist	2a. D	ATE OF DEATH Manth Day	Year	2b. HOUR			
1.	KATherine Trene	am	ith		MAY 29	1968	5:40 M			
3. SE	4. RACE		E OF BIRTH		6 AGE (In years last, birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			
	temple white	Se	ept. 5, 19	13	54 YRS.	multins DATS	HIN.			
7a. [	IRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRII	ED NEV	ER MARRIED	9. COUN	ITY OF DEATH					
canı	New Jersey USA WIDOW		DIVORCED	+	+ARFORD		Md.			
11	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION ( give street address)  HARFORD Memor		spital 12a. USUA during mo	AL OCCUP ost of w	ATION (Kind of work dane acking life, even if retired.)	12b. KIND OF INDUSTRY P.O.D	BUSINESS OR			
13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY		13d. INSIDE CITY LI	IMITS?	13e. STREET AND NUMBER 4004 Philad	elphia	Rd			
14.	ATHER'S NAME First Middle Last	15 MOTH	IER'S MAIDEN NAME F	irst	Middle		Last			
	Charles Birkmire		Unknown							
		7. INFORM			Address					
1	es, no, or unknown) 10 (If yes give war or dates of service) 218-09-9064	Jame	s L. Smith	1, 4	002 Phila Rd,					
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	n l	Er pres	un	cores a		CIMATE INTERVAL ONSET AND OFATH			
	IMMEDIATE CAUSE (U)	1110	lih n		0.000	-				
	Canditions, if any, which gave)  Due TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave)  (b)  Canditions, if any, which gave)									
	rise to immediate cause (a),									
	last. (c)									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE I	FRMINAL DISEASE OR C	ONDITIO	N GIVEN IN PART 1(a)					
	F. 8.1.1									
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20	a. AUTOPSY?		20b. IF YES, WERE FINDINGS O	ONSIDERED IN C	ERTIFYING			
FICA			YES NO		CAUSES OF DEATH?					
CERT	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c.				of injury in Part 1 ar Part 2,	Item 18.)				
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year									
MED	21d INITIRY OCCURRED 21e PLACE OF INITIRY ( AT HOME, FARM, STREET, FACTORY, ) 21f	LOCATION	Street or R.F.D. No.		City ar Tawn	County	State			
	While Nat while at wark OFFICE BUILDING, ETC.		JIIO I KIID K		and the state of t					
	00 1 25 1 10 01: 1 2 1 11 1 1 15	X	Jak 196	P	n Mars 19	40 that	t (I) (wa) last			
	saw the deceased olive on	ond the	in (my) (our) opi	inian d	eath occurred an the do	ate and haur	and fram the			
	couses stoted above, (I) (we) (did) (did not) view the body att	er death				Tale Control				
	22b. SIGNATURE	)		AED.		DATE SIGNED	/			
/		EGREE F	HYS. D	IRECTOR	LJ PHYS. LJ	12/	16			
-	22d PHYSICIAN'S NAME (Type) S. Ralph Horkey M.D.		2e. ADDRESS Churchvil	le,	Md.					
23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY	OR CREMA	TORY	23d.	LOCATION (City ar Tawn)	(County)	(State)			
I	REMOVAL (Specify) Urial June 1, 1968 Bel Air Mer	moria	1 Gardens	E	Rel Air	Harford	d Md			
24.	FUNERAL DIRECTOR ADDRESS		2Sa. REC' B		IRAR CONTRACT	SIGNA URE	udge			
	Howard K. McComas & Son Abingdon,	Md.	DATE JE	N	2 1900	0	0			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-haurs after death.

Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers—Pages about be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours

> VR A15 (4) 30M REV. 1/68

1

uneral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon page shauld be filed with the State Dept. af Health prior ta burial, crematian, or remaval, and in any event, within 7

after death.

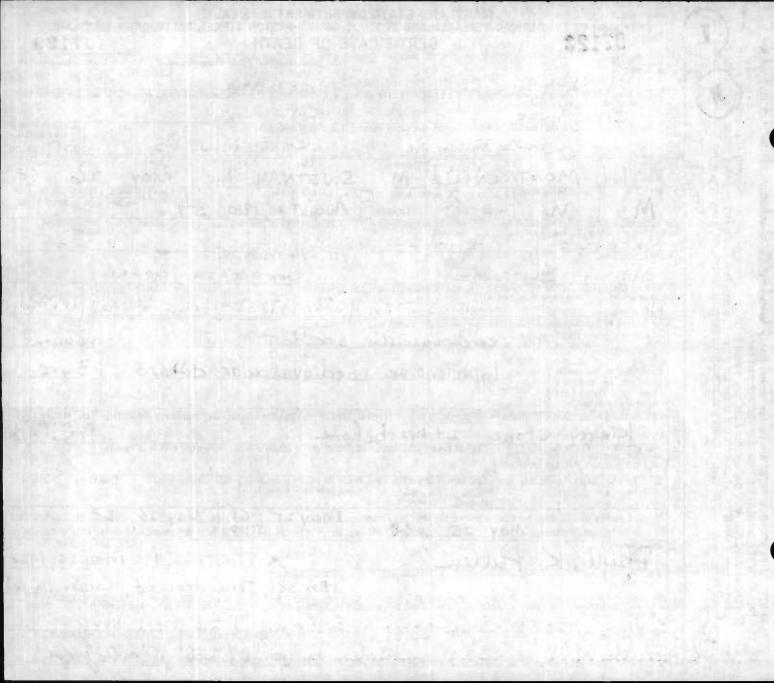
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1

	07122 CERTIFICATE OF DEATH	07128						
L	DECEASED-NAME (Type or print) BOUNDAME (Type o	Yeor 68 2b. HOUR						
3.	TEMALE WALLE MAY 11, 1968 - YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.						
	BIRTHPLACE (Stote or foreign U.S.A.   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH WIDOWED   DIVORCED   HARFOR	√ Md.						
	LITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  HAURE OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  NONE	12b. KIND OF BUSINESS OR INDUSTRY  NONE						
13d odr	o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before list. CITY OR TOWN isd. INSIDE CITY LIMITS? list. STREET AND NUMBER ISON STATEMARYLAND ISON COUNTY Harford Joppa YES NO X 1101 Oak Ave.							
	FATHER'S NAME First Middle STANCI// Deborah GAI/  So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (11 yes give war or dates of service) Yes, no, or unknown) (11 yes give war or dates of service)	Mc Kenen						
-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	H 85 X IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove)	i lang						
	rise to immediate couse (o), stating the underlying couse lost. 7 6 3 , O (c)							
NO	PART 2' OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							
CFRTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO  CAUSES OF DEATH?	es						
MFDICAL CE	G   DR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Yeor	em 1B.)						
W	While of work of work of work	County Stote						
1	22a. I certify that (I) (this haspital) attended the deceased from 1968, and that in (my) (aur) apinian death accurred an the dat causes stated abave (I) (we) (did) (did nat) view the bady after death.	e and haur and fram the						
	Clovery orus, us-9 DEGREE PHYS. MED. DIRECTOR DIRECTOR PHYS. DIRECTOR DIREC	ATESIGNED 68-						
L	22d. PHYSICHAN'S NAME (Type) Alonso Gomez M.D. 22e. ADDRESS 419 S. Turian ave	Harre dans						
L	118.0 12.0 12.0 12.0 12.0 12.0 12.0 12.0 12	(County) (Stote)						
3 24	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 35. Howard K. McComas & Son Abingdon, Maryland DATE MAY 16 1968	iones Judge						

Consideration and the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral and 2 hours after death USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE ARFORD MARTLAND MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ALTIMORE LTIMORE completely filled in ve carbon papers. e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? ARRS NO X YES that the death certificate be executed within attending physician and completely rmit. Then please remove carbon DATE Month Day Year 4. 3. NAME OF Middle Last DECEASED OF 68 May ONTI DEATH 0 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 9. 6. COLOR OR RACE SEX 7. MARRIED NEVER MARRIED any 1910 WIDOWED DIVORCED 12. CITIZEN OF WHAT and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done) COUNTRY? INDUSTRY during most of working life, even if retired) 5. RYLAND ECHANIC HOITAIUT MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. remova HOUR WETNAM EUNRIET  $\tau e$ Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) burial-transit perm burial, cremation, 0 5 the INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH this certificate has been signed by detached for use as the burial-transit PART I. DEATH WAS CAUSED BY: Minutes acciden **10 HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician. erebrivascular IMMEDIATE CAUSE (a) DUE TO ardiovascular disease Conditions, If any, which rise to immediate the to DUE TO (a), stating prior underlying cause last. (C) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use PERFORMED? CERTIFICAT NO D YES one DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. (State) 20f. (City or town) (County) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) be de State Hour a.m. While Not While After at work at work 19 DIRECTOR: Af age 3 should be Siled with the S 19 65 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 5:30 PM. from the causes and on the date stated above. 19 saw the deceased alive on 22b. DATE SIGNED MED. STAFF page PHYS. DIRECTOR PHYS. M.D. ADDRESS TO FUNERAL PHYSIC AN'S 22d. 22c. director, p NAME (Type) 38 Jerusa NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF BURIAL, CREMATION, 23a. REMOVAL (Specify) 0 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FilmG401 6/3/68km CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2o. DATE OF DEATH er death requires that the death certificate be executed within 24 hours after death and (Type or print) DATE OF BIRTH 6/ AGE (In years 3. SEX (dast birthdoy) October 7b. CITIZEN OF WHAT COLINTRY? 9. COUNTY OF DEATH 7o. 8IRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED papers. country) WIDOWED DIVORCED [ physician and campletely filled en please remave carban pape 12o. USUAL OCCUPATION (Kind of work done within 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)
HARFORD during most of working life, even if retired.) in any event, 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Middle 14. FATHER'S NAME Middle Lost MOTHER'S MAIDEN NAME First and 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no. or unknown) ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE crematian, Conditions, if ony, which gove ) signed by the burial-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) attending p has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? ATTENDING PHYSICIAN: The YES 🗍 NO T far use Health use 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING TEAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. detached Dept. 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Not while of work State 22a. I certify that (i) (this haspital) attended the deceased fram 5/saw the deceased alive an 5/27 1968, and that causes stated abave, (l) (we) (did) (did nat) view the bady after death. \_196\_\$, and that in (my) (aur) apinian death accurred an the date and haur and fram the be retained plnous 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE REMQYAL (Specify)

**ADDRESS** 

1050 YOK

07130

IF UNDER 1 YEAR

INDUSTRY

DAYS

12b. KIND OF 8USINESS OR

ETWEEN ONSET AND DEATH

Stote

(Stote)

County

(County)

25b. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

1968

MONTHS

2b. HOUR

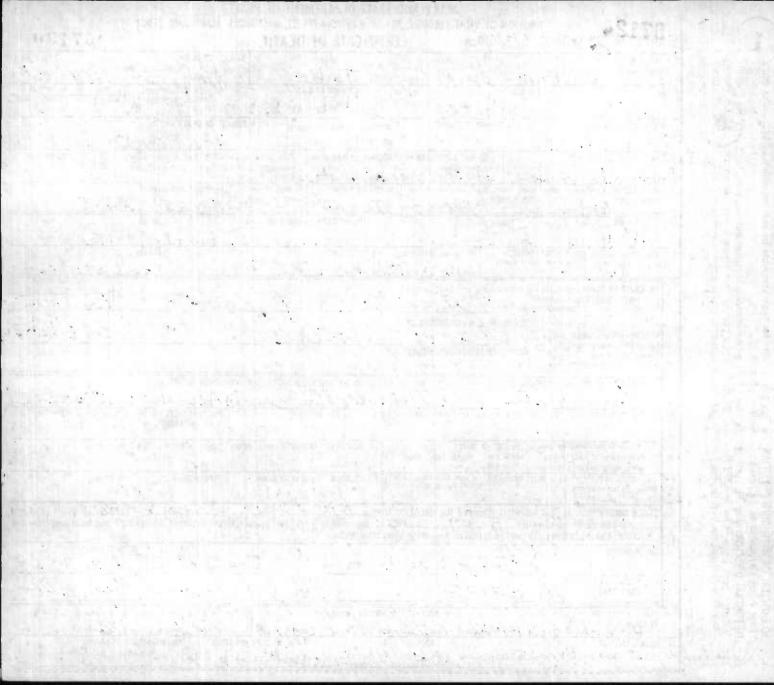
IF UNDER 24 HRS

HOURS

O FUNERAL DIRECTOR: After this certificate director, VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

Wm, Cook-Broo.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17125		CEKTIFICATE OF	DEATH		1 6 1	LOL					
	irst Middle	Last	2a. [	DATE OF DEATH		2b. HOUR					
(Type or print) Mil	ton Raymond	Walker	7.507.0	May Manth 6,	° 1 968	3					
. SEX	4. RACE	S. DATE OF E	SIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.					
Male	White	Marc	h 4, 189	2 last birthday) YRS	MONTHS DAYS	HDURS MIN.					
BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA		NTY OF DEATH							
Maryland	U.S.A.		ORCED 🗌	Harford		M					
O. CITY OR TOWN OF DEATH		NSTITUTION (If nat in haspital	12a. USUAL OCCU	IPATION (Kind of work dane	12b. KIND OF	BUSINESS OR					
Forest Hill	give street address) 343 Bynum	Road	rari	varking life, even if retired.) ME <b>r</b>	Parmi	ng					
	eased lived, if institution: Residence before		13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER							
dmission) SMarylan	id 13b. COUNTY arford	Forest Hil	YES NO X	343 Bynum	Road						
4. FATHER'S NAME First	Middle Last		MAIDEN NAME First	Middle		Lost					
	Baldwin Walker		ary Ell								
6a. WAS DECEASED EVER IN U.S Yes. no.or unknown) (if yes g	ARMED FORCES? 16b. SOCIAL SECURIT	Y NO. 17. INFORMANT		Addre	D #1 Bc						
No	217-36-46	63 Mrs. Fr	ank Stec	Abingdo	n. Md.	21009					
18. CAUSE OF DEATH (Enter	only ane cause per line for (a), (b), and (	c).)	P		BETWEEN D	MATE INTERVAL					
PART I. DEATH WAS CAU	USED BY: EDIATE CAUSE (a) Breten	al Warn	and the	- Fr	Who o	Lent.					
TO 1, T DUE TO, OR AS A CONSEQUENCE OF											
Canditians, if any, which ga	rise to immediate cause (a), (b)										
stating the underlying cau	se DUE TO, OR AS A CONSEQUENCE O	ıF			39 19						
PART 2. QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
10	1		AL DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)							
2 Chylons	est ar unosole		O DOVO	20b. IF YES, WERE FINDINGS	CONCIDENCE IN CO	DTICVING					
3 190. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS		100	CAUSES OF DEATH?	CONSIDERED IN CE	KIIFTING					
190. DATE OF OPERATION 1	LYING 21b. TIME OF INJURY	YES _		a of injury in Part 1 ar Part 2	Itom 10 \						
S OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Manth Day Yea		.cukkeb (emer noture	drinjury in run i or run z	, nem 10.)						
OR CONTRIBUTING CAUSE OF		FACTORY 1 216 LOCATION Stee	net as P.F.D. Na	City or Town	County	State					
While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	211. LOCATION SILE	er or K.r.D. No.	City of fowil	cuomy	31016					
	(this haspital) attended the decea	sed from	10	ta, 1	9 that	(I) (wa) la					
saw the deceased	d alive an	_19, and that in (n	ny) (aur) apinian d	leath accurred an the c	date and haur	and fram th					
causes stated abo	ave, (I) (we) (did) (did nat) view th	e bady after death.									
226. SIGNATURE		ATTEND	ING MED.	C STAFF	. DATE SIGNED	of.					
hally	uchar do	DEGREE PHYS.	LI DIRECTOR	PHYS.	16/6	5					
22d. PHYSICIAN'S NAME (Type)	all & Valmeri	/M72 130. AD	DRESS	lico Gran	mia the	a. P.					
			Jan Jan	LOCATION (C)	5-6-7	1					
001101111 (0 15 )		F CEMETERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)					
BUTIAL " 5	5/8/1968 Jar	rettsville	2Sa. REC'D BY REGIS	rrettsvill	S SIGNATURE	rano					
		ville,Md.	DATE MAY	8 1968	iones for	edge					
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages shauld be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after

S. Pages 1 and 2 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Page 4 may be retained by the haspital ar attending physician.

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NO 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Caunty While Not while ot wark 22a. I certify that (1) (this haspital) attended the deceased from April 29, 1968, toMay 2, 1968, that (1) (we) last saw the deceased alive an May 2, 1968, and that in (my) (1834) apinian death accurred an the date and haur and from the saw the deceased alive an May 2. causes stated abave, (1) Twe) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. May 2, 1968 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type)

director, page 3 shauld should be filed with the

requires that the death certificate be executed within 24 haurs

be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been

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23o. BURIAL, CREMATION BEMOVAL (Specify)

FUNERAL DIRECTOR~

23c. NAME OF CEMETERY, OR CREMATORY Military Com on low

2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

(State) (Caunty) BERDEEN

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REGISTRADS, SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME First 20. DATE OF DEATH 2b. HOUR and 2 death. (Type or print) \*\* uneral dedi after 4 RACE June 12. 1901 auc. The law requires that the death certificate be executed within 24 haurs BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED MEVER MARRIED X WIDOWED [ DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give sfreet oddress) during most of working life, even if retired.) HOSP. 13e. STREET AND NUMBER 1107 Post Road 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3d. INSIDE CITY LIMITS? 13b. COUNTHarlord odmission) HavreDegrace YES X 14. FATHER'S NAME First Middle Last MOTHER'S MAIDEN NAME First Middle St. Clair
Address Havre de Grace Raymond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or whown) Hospital Records, Harf. Mem. Hosp., 212-40-6576 the attending phys 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: erebral IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF 6 months Conditions, if ony, which gove ) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses signed L PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ASCVD Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been prior 1 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while ot work 22a. I certify that (I) (this hospital) attended the deceased from + /// , 1968, ta 5 , 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) apinian death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death. , 1968, ta 5-20 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE directar, page 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) GRIGOLEIT Harna mac e 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) (County) May 23m1968 Hopewell (emetery Port Deposit

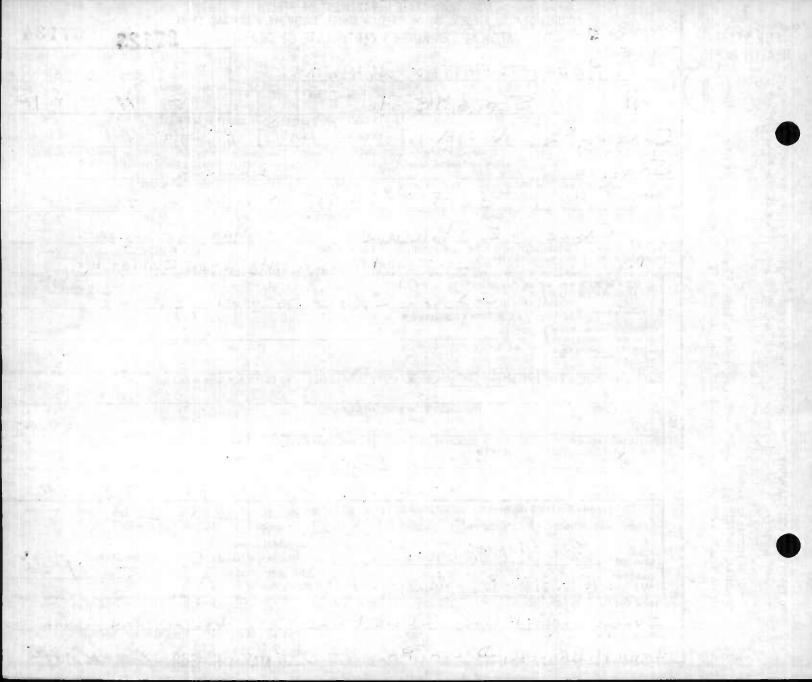
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A STATE OF THE STA	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07134
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT	)1. D	ECEASED-NAME Type ar Print)  A Middle  Lost  OF ESTI-	ογ Year 2b. HOUR
is 5 8 5 5		DEATH MATED May	10 1968 M
delay ma. P. Ma. P. P. Ma. P. P. Ma. P. P. Ma. P. M	\$ 2	S. DATE OF BIRTH  6. AGE (In years lif under 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months Days Hours Min. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD DOY MONTHS DAYS HOURS MIN. 2c. DAYS HOURS MIN. 2	Yeor 19 68 2d. HOUR
hin 24 hours offer deoth any delay net in Item 18. Give Poges 1, 2, and 3 niner's Office along with form PM3. Proges I ond 2 with the State Department hours after death.	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 19. COUNTY OF DEATH WIDOWED DIVORCED 19. COUNTY OF DEATH	Md
Poges rith fo	10.	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital loc usual occupation (Kind of work done loc usual occupation) live street address local during most of working life even if retired \ \text{UNION}	b. KIND OF BUSINESS OR DUSTRY
g wi the	10	LABORER	
hours offer Item 18. Gi Office along 1 ond 2 with after death.	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY 13b. COUNTY 13c STREET AND NUMBER 13c STATE 13b. COUNTY 13c STATE 13c STREET AND NUMBER 13c STATE 13c	
1 hour ltem Office 1 ond after	14. 9	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle MARY WILLIAM	Last
hin 24 ncil in niner's poges hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17, INFORMANT ADDRESS.	KSON Ray
/ithi amir amir e po 2 ho	()	(es, no glunknown) (If yes give wor or dates of service) 200-03-0301 MARGARET, HAMILTON, COVINGTO	W. KY-
be executed wit "pending" in pe nief Medical Exar ansit permit. File event within 72		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
cute ng" dica with		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C-S W CETTON	
exe andi Me t pe		995 X DUE TO, OR AS A CONSEQUENCE OF	
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uld ord ony		stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF	
te should be e the word "per I to the Chief! o burial-transit nd in ony ever		(c)	
his certificate should to werd a forworded to the Change used as a burial-tre removal, and in any	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
his certification of the forwor be used be used	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, for rem	E	WAS PERFORMED?	YES NO
I Pi	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 210. TIME OF INJURY Month, Day, Yeor HOUR A.M. P.M. 19	18.)
sho of fille fille and in out i	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. (ity or Town)	County Stote
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L EXA cecute Page for you R: Pog		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	ond in my opinion
JICA slease ex director. etained t		deoth resulted from: Naturol couses, Accident, Suicide, Homicide, Undetermined monner	]
leas direction DIRI		9 ALA OR O CHIEF MEDICAL EXAMINER	
	1	ACTUAL SIGNATURE	INED 18
TO DEPUTY SICAL EXAM necessary, please execute the funerol director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) Getola PROMO - M) DEPUTY MEDICAL EXAMINER DA ADDRESS(Street, city, town, or county)	- // //
10 To 170 He	230	DEMOVAL IC(L.)	ounty) (Stote)
	L	DURIAL MAY 17, 1160 DEATE MOSE DELTA, YORK	PENNA
NO 43545 (5)	-	FUNERAL DIRECTOR ADDRESS 2Sd. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	NATURE
VR A15ME (5) 10M REV. 1/68		JOHN H. HARKINS, DELTA, PA. DATE MAY 15 1988 Ichan	les Judge



DIVISION OF VITAL RECOR

Page 4 may be retained by the hospital or attending physicion.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cirban papers. Page 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 71 have after death.

VR MS (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Hours ofter death.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07135

	ECEASED-NAME First Type or print)	Middle		Lost	2o. DATE OF	OEATH Doy	Year	2b. HOUR
	Robert		d Wood			May 18	1968	9:30A
3. SE		4. RACE	2	. DATE OF BIRTH	1880	6. AGE (In years lost birthday)	MONTHS DAYS	IF UNDER 24 HRS.
	Male	White		June 22, 1		87 YRS.		
	BIRTHPLACE (Stote or foreign niry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
COGI	Childes, Md.	U.S.A.	WIOOWEO &	OIVORCED	Harfo	ord		Md
10. 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not			(Kind of work done		BUSINESS OR
	Havre de Grace,	Md. give street oddress) Citizens N	ursing	Home Sta	ate Road	ife, even if retired.)  i Dept.	INDUSTRY	S.H.
	USUAL RESIDENCE (Where deceose ission) STATE	ed lived, if institution: Residence before	13c. CITY OR T	The second secon	-	REET AND NUMBER		
OGIII	Md.	Cecil V	Libert	y Grove	0 4 /-	F.D.		
14.	FATHER'S NAME JOHN	Middle Woody		MOTHER'S MAIDEN NAME F	First	Middle	St	Lost
	. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give w		NO 17 INI	FORMANT	a Mais	HON O	liev	Pa
-	NO	7	0	essie (Y)	4 ///2	HUNO	APPROXI	MATE INTERVAL
	1B. CAUSE OF DEATH (Enter onl PART I, OEATH WAS CAUSED	y one couse per line for (a) (b), and (c)	1/	200		1. That		PRSET AND DEATH
		TE CAUSE (0)	4	of on	C	( inclusted	si aco	out
	1530	DUE TO, OR AS A CONSEQUENCE OF	0				1	year.
	Conditions, if ony, which gove ) rise to immediate couse (o),	(D)						J
	stoting the underlying couse	OUE TO, OR AS A CONSEQUENCE OF						
	lost.	(c)	07 051 1550 75	THE TORING ADD	COMPLETION OF STREET			
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	RELATED TO	THE TERMINAL DISEASE ORG	CONDITION GIVE	N IN PARI I(o)		
NO	1530 TT	CONDITION FOR MUNICIPALITIES AND ALL COL	- 1	Too AUTORSVO	Jook Ir	ALC MILDS LINDINGS (	ONCIDENCE IN C	EDITIFYING
IFICATI	190. DATE OF OPERATION 9 196.	CONDITION FOR WHICH OPERATION WAS PE	RECKMED	20o. AUTOPSY?	CALISES	YES, WERE FINDINGS ( OF DEATH?	ONSIDERED IN C	EKTIFTING
CERTIF	DI ACCIDENT WAS UNDERLYIN	0 101 7110 07 11110	lai uau	YES NO	-			
AI CI	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT			V INJURY OCCURRED (Ente	er noture of injur	ry in Port I or Port 2,	Item 18.)	
MEDIC	(If either, notify medical examin	ner) P.M.	9					
×	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUHLDING, ETC.	CTORY.) 21f. LOC	ATION Street or R.F.D. No	. City	or Town	County	Stote
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	22a. I certify that (I) (thi	is haspital attended the deceas	ed from	ne 6 th ., 196	27, 10/M	ay 18 th 19	68, that	(I) (we) las
	saw the deceased al	live on May 18	hody offer de	that in (my) (our) opi	inian death o	accurred on the do	ate and haur	and from the
	22b. SIGNATURE	, (i) (we) (did) (did ily)) vigw iile	(			22¢.	DATE SIGNED	1
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	22d. PHYSICIAN'S	0 0 1		22e. ADDRESS	JIRECTOR .	0-0	//(	1 0
	NAME (Type)	wasd C. Loo	M.C	1/cu	ne a	El Trac	el,	lud
230.	BURIAL, CREMATION, 23b. [	DATE 23c. NAME OF	CEMETERY OR C	REMATORY	23d_LOCATIO	ON, (City of Town)	(County)	(Stote)
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